DOCUMENT RESUME

ED 139 180 EC 100 755

AUTHOR Boyan, Craig
TITLE New Dimensions in Programming for Community Residential Facilities.
PUB DATE Apr 77
NOTE 105p.; Paper presented at the Annual International Convention, The Council for Exceptional Children (55th, Atlanta, Georgia, April 11-15, 1977) ; Pages 28-29 are copyrighted and have not been filmed; They are not included in the pagination

EDRS PRICE MF-$0.83 HC-$6.01 Plus Postage.
DESCRIPTORS Adults; *Community Programs; *Developmental Disabilities; *Group Experience; *Mentally Handicapped; Normalization (Handicapped); Post Secondary Education; Program Descriptions; *Residential Programs
IDENTIFIERS *Clausen House CA

ABSTRACT

Described are services provided for developmentally disabled adults in the Clausen House system, a community residential facility in California. It is explained that the model is designed for a central program facility with smaller "satellite" houses surrounding it. Reviewed are such program elements as curricula areas for independent living; recordkeeping of individual goals and progress; Greater Opportunities in Adult Living, an apartment living project for advanced residents; a project for residents with emotional disturbance as well as retardation; staffing patterns; interagency cooperation; and implications for normalization. (CL)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED139180

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

NEW DIMENSIONS IN PROGRAMMING

FOR COMMUNITY RESIDENTIAL FACILITIES

CRAIG BOYAN
Program Director
Clausen House
Oakland, California

55th ANNUAL INTERNATIONAL CONVENTION

THE COUNCIL FOR EXCEPTIONAL CHILDREN

Atlanta, Georgia

April 13, 1977

EC 100755

Dedicated to the memory of

Edwin G. Clausen, M. D.

and to

The Clausen House Auxiliary,

whose love and hard work lightened

the burden.

ACKNOWLEDGMENT

The author wishes to thank the Board of Directors, the Executive Director, and the staff of Clausen House, whose love and energy have made the ideas in this paper a reality; Adell Saab, whose patience and proficiency in preparing the manuscript were invaluable; and Dr. Robert Fisher, for his assistance with the statistical analysis.

Needless to say, the author alone assumes full responsibility for the content of the work, and the views expressed herein have not necessarily been endorsed by any other person or organization.

Special thanks go to the residents of Clausen House, who are the sole reason for all the work we do.

Finally, to my wife Barbara, I owe a deep debt for her patience, encouragement, and enthusiasm.

TABLE OF CONTENTS

I.	INTRODUCTION	1
II.	HISTORY-POPULATION CHARACTERISTICS -- PHYSICAL LAYOUT	6
III.	PROGRAMMING TECHNIQUES -- THE SATELLITE MODEL	11
IV.	CURRICULA — THE CONCENTRIC CIRCLE MODEL	21
V.	RECORD-KEEPING, RESULTS AND PROJECTIONS	37
VI.	G.O.A.L.	47
VII.	THE ADAMS PROJECT	51
VIII.	STAFFING PATTERNS	55
IX.	INTER-AGENCY COOPERATION FOR COMPREHENSIVE PROGRAMMING	64
X.	IMPLICATIONS FOR NORMALIZATION PRACTICES	73
XI.	SUMMARY	90

NEW DIMENSIONS IN PROGRAMMING FOR COMMUNITY RESIDENTIAL FACILITIES

-- Craig Boyan

I. INTRODUCTION

The concepts of normalization, integration and the least restrictive environment are effecting massive changes in services to mentally retarded persons. The theoretical framework has been convincingly laid (Wolfensberger, 1972; Wolfensberger and Glenn, 1975; Bronston, 1974). Much work remains to be done in converting the new theories into practice. This presentation will discuss the possibilities for normalization which exist in community residential facilities for the developmentally disabled adult. O'Connor, in a major nationwide survey (1976) has identified more than 600 such facilities in the United States, serving nearly 10,000 persons. The need for comprehensive community services is growing as large institutions continue to return individuals to the community (Scheerenberger, 1976).

Most of the techniques discussed will be those developed over the past several years within the Clausen House service-delivery system, a group of interrelated community residential facilities in Oakland, California. I hope that you will leave with several practical ideas of immediate use either in your own residential facility or in your school program. My re-

marks will be of special relevance to persons who supervise programs for between twenty and one hundred adults, and also for classroom teachers of adults and young adults.

My discussion will be separated into two parts. First, we will look at the "inside" organization of the residential system, including population, physical layout, staffing patterns, new teaching techniques, curricula, and so forth. Second, we will discuss the "outside" system, stressing cooperation with community agencies such as Adult Education Programs, Community Colleges, vocational rehabilitation agencies, universities and volunteer programs.

I would like to preface my remarks with a few observations on the role of educators in the growth of community-based programs, and community residential facilities (CRFs) in particular.

In October, 1975, Beth Stephens stated:

> To prevent institutional placement public school programs will need to be extended to formerly neglected mentally retarded persons. Specifically, mentally retarded adults (CA 21, onward) will require training and adult education to equip them with the skills necessary for community living.
>
> (Stephens, 1975)

In March, 1976, the President's Committee on Mental Retardation stated in its Century of Decision:

> Because of the learning characteristics related to mental retardation, eligibility for public educational services should have no minimum or maximum age limits. . . . As long-term policy, adult educational opportunities, including appropriate programs provided by higher education, should be available for citizens with mental limitations.
>
> (PCMR, 1976)

Similar supporting remarks are found in the position statements of the N.A.R.C. Board of Directors, adopted in October of 1976 (Mental Retardation News, 1977); the California Association for the Retarded (The Challenger, February, 1977); the Mondale Bill on Lifelong Learning (PL. 94-482); the Bureau of Education for the Handicapped (Rostetter, 1977); and the White House Conference on Handicapped Individuals (1976).

The development of quality educational programs for exceptional adults is one of the major tasks facing educators throughout the nation, and will require increased allocations of program and financial resources. It remains to be seen how vigorously this field will be pursued, but there can be no doubt that the right to a free and appropriate education must be extended to all citizens based on their developmental needs, not on their chronological age.

As this field expands, educators like yourselves will become a central part of the education of exceptional adults. This will require increasing dialogue between the public schools and the CRFs, on points such as these:

1. Our experience has shown that small residential facilities can exist as isolated "caretaker" facilities, or they can emerge as dynamic centers of active programming, an integral part of a continuum of services beginning in infant and pre-school programs and extending through quality

geriatric care for the retarded. The CRF is the home of the individual, and to manage a good developmental program, the home life of the client must be considered. The CRFs and the public schools have the opportunity to develop an important part of this continuum of services for the critical transition period of CA 18-21.

2. As educators at any level, we must emphasize the teaching of practical skills of daily living. With all of our emphasis on behaviorally measured objectives and individual program plans, we often ignore one tremendously significant question: "What is the most important thing a person should be able to do by the time she or he is 18?"

The answer, from our experience, is: live independently. Independent living (managing and maintaining an apartment, in our case in an urban area, or achieving some high level of semi-independent functioning) should have top priority. Many of our clients suffer from lack of such skills. Many students leave our excellent school programs without the critical skills they need to function in the community at their optimum level. As a consequence, they are often faced with the choice of either staying at home, or entering a large institution, separated from the mainstream of the community.

3. Educators must not cede the entire responsibility

for educating exceptional adults to other professional groups. In California, for example, CRFs are licensed and supervised through the Department of Health, even though many of the daily activities in the most forward-thinking facilities are educational in nature. The responsibility for the continuing growth of adults with special needs must be shared among professionals from many disciplines, but educators should be vocal in demanding more voice in this process. The advanced techniques of instruction painstakingly developed for children over the past decades must be systematically adapted for adults living and learning in the community.

4. Teacher training institutions can offer courses and practicums in working with exceptional adults in the CRF. This critical area is just beginning to be explored (Koplick, 1976), and the potentials for growth are great. The unique problems and opportunities of working with exceptional adults can be an eye-opening and exciting part of the training of future special educators. The Clausen House system and the California State University at Hayward have pioneered one such training program, which will be discussed in detail below.

It is hoped that educators throughout the nation will become increasingly involved with the directions which CRFs are taking. The following description of the Clausen House system, outlining some of these new directions, is an attempt to stimulate such dialogue.

II. HISTORY-POPULATION CHARACTERISTICS -- PHYSICAL LAYOUT

Clausen House began as a small group home in 1967. In the past 10 years, it has grown to become one of the largest providers of residential and program services in the San Francisco Bay area. It has quite obviously filled a need. From serving six people, it now serves seventy, and will expand this year to nearly 100. From one house, it now includes five houses and an apartment-living complex, and will be opening two more houses, one in Oakland and one in San Francisco, later this spring.

The population is comprised almost entirely of persons with moderate to mild mental retardation or borderline intelligence. (Demographic data are presented in Figure 1.) The distribution of IQ scores corresponds roughly to that found nationwide by O'Connor (1976), except that fewer severe and profound levels were recorded at Clausen House.

A word might be said about classification here. The 1973 edition of the AAMD Manual on Terminology and Classification in Mental Retardation states:

> Within the framework of the definition of mental retardation, an individual may meet the criteria of mental retardation at one time in life and not at some other time. A person may change status as a result of changes or alterations in his intellectual functioning, changes in his adaptive behaviors, changes in the expectations of the society, or for other known and unknown reasons.

CLAUSEN HOUSE SYSTEM

DEMOGRAPHIC DATA

February 1, 1977

1. Total number of residents and day students

Men	. . .	17
Women	. . .	53
Total		70

2. Ages

	18-21	22-30	30-40	40-50	50+
Women	11	29	10	1	2
Men	3	11	2		1

3. IQ (latest score available)

	Wechsler (WAIS)		Stanford-Binet and Cattell	
	Above 69	15	Above 67	
Mild	55 - 69	19	67 - 52	1
Moderate	40 - 54	18	51 - 36	
Severe	25 - 39	4	35 - 20	1
Profound	24 and below		19 and below	
Data not available		12		

4. Previous residence (immediately prior to Clausen House)

State Hospital	7	Board and Care Home	4
Private Boarding School	16	Other	3
Parent/Guardian Home	39	Data not available	1

5. Previous program (immediately prior to Clausen House)

Public School	19	Other	9
State Hospital	7	None	7
Private School	16	Data not available	3
Sheltered Workshop	9		

Figure 1

We feel very comfortable with this dynamic theory of retardation. One of our clients, who had previously been diagnosed as retarded, was recently refused services by a local agency serving the developmentally disabled. Based on evidence of a recent psychological examination, the agency felt that this client no longer need carry the label of mental retardation. We hope that such "de-classification" will continue as more and more clients throughout the nation emerge from the stigma of past labelling.

More than three-quarters of the residents (or "tenants" in the apartment unit) are under 30. Some grew up in the first pioneering programs for the mentally retarded in northern California. All are still capable of growing enormously in their abilities to cope with the world and with themselves. Much is currently being said about the continuing developmental stages which all adults pass through after the age of 21. Gail Sheehy's Passages (1974) discusses this process in detail. Considering the dynamic nature of retardation, we must ask whether or not retarded adults follow this adult developmental progression. Retardation may only mean that these stages of adult growth are attained less quickly (although even this could be open to debate). There can no longer be any question, however, that all persons, regardless of their label, have fully developed, intensely human, feelings and emotional needs. The entire purpose of the Clausen House system is to produce a climate which

meets these needs, and in which maximum growth for adults takes place. There are at present more women than men in the population, which is a reflection of the fact that the Clausen House system began for women only. Current plans call for including more men within the year to equalize the ratio between the sexes and to provide more harmonious social balance. (The next house in Oakland will be for men.)

More than half of the current residents came to Clausen House from living at the home of their parent or guardian, while almost 30 percent had been at boarding schools or board-and-care homes. Ten percent came from state hospitals. Also, nearly half our residents came from public or private school programs, so it is clear that many students of this level are now being served in the public schools, and may be living in similar CRFs when they graduate from secondary education programs.

The physical facilities consist of five large, older homes and an apartment building in the urban center of Oakland. This area is in the heart of the city, within easy walking or public transit (by bus or "BART", the new super-modern subway system) from shops, theaters, grocery stores, community colleges, restaurants, and nearly every other feature of a modern city. Residents use the city extensively as a "learning laboratory", and part of the program activity is spent outside the walls of the residential facility. This is truly a "college without walls", in the thick

of modern, normal life. Clausen House is very fortunate to have facilities so ideally suited for normalization.

III. PROGRAMMING TECHNIQUES — THE SATELLITE MODEL

The basic model of the service-delivery system is that of a central program facility with smaller "satellite" houses s[illegible]nding it. The center of the system (the former residence o[illegible] Chief Justice Earl Warren) not only functions as a residence, but also as the focal point of independent living skills training.

In keeping with the basic tenets of the normalization principle, we attempt not to "do <u>for</u>" people, as in outmoded ideas of custodial care, but to teach people to "do for themselves". Also in harmony with normalization, we often teach subjects where they are normally learned. The central house functions as the educational center, and is equipped to provide teaching in (among other areas) communication skills (including developmental reading, basic mathematics, and time-telling), telephone use, financial management, social skills, physical training (including basic movement and dance), theater skills, music, artwork and crafts, and fundamental points of nutrition, health and safety. Within each curriculum area is a full range of skills, from simple to complex, stated as behavioral competencies.

The curriculum which has been developed in Clausen House will be discussed in detail below. It is based fundamentally on principles of <u>vocational</u> training, as outlined by Robert

Mager and Charles Beach in Preparing Vocational Instruction (1968). The cornerstone of the system is behaviorally stated objectives, along with task analysis of the basic skills of daily living. The goal of our program is to enable a person to live independently in the urban community, or to attain the maximum potential level of independence.

We have defined approximately 600 critical skills needed for this process, and we are currently preparing specific pass criteria for each skill in order to offer competency - based instruction. Performing a skill is the proof of success, and this is why we took vocational training for our basic model.

The houses are brightly, cheerfully colored. We strongly feel that this is a stimulating part of the atmosphere, and helps both residents and staff to sustain a happy and active mood during a very full program day. Dull and drab surroundings sustain an institutional mood, while brightness stimulates and activates.

Programming takes place at the central facility Monday through Friday from 9:30 in the morning until 4:45 in the afternoon. This involves five full days of six hours of programming, followed by a half-hour for "tea", a time for socialization in a more informal atmosphere for both residents and staff. The program operates on a kind of "zero reject" premise that all clients should be engaged in activity

throughout their program day. Tea is followed by a period for individual counseling.

The smaller "satellite" houses are also used extensively for programming, including instruction in home management and cooking. Program activities are also provided during certain evenings. There is also a full weekend program on both Saturday and Sunday, which continues with developmental courses as during the week, but is also especially designed to provide more personal choice for leisure time activities, including dances, excursions, and attendance at religious services for those who wish. The program is open not only to the residents of the Clausen House system, but also serves other developmentally disabled persons from the larger community.

We try very much to model our program on "non-school" lines. We feel that after so many years of formal schooling, our residents are ready for a complete break with a rigid scholastic setting. Therefore, we do not, in all cases, have traditional classrooms. Furniture is often homelike, and classes are conducted in livingrooms, kitchens, dance work-areas, even dining rooms. We are also striving toward a collegiate model, for a true graduate school of living skills, and what graduate program would be complete without its electives — artwork and crafts, theater skills, music and so forth?

Surrounding the central educational facility — both literally and programmatically — are six "satellites". These

are smaller houses, with six to eleven residents each, and one special satellite -- the apartment building which now functions as our apartment-training unit. (This project, entitled G.O.A.L. — Greater Opportunity for Adult Living -- is perhaps the most exciting aspect of the system, and is the final step before "launching" to full independence. We will discuss it at length later.)

This satellite system permits a very broad range of services. To quote Wolfensberger:

> Too often, the literature refers to halfway houses, or even 'the' halfway house, as covering the gap between institutional and independent living. Such a conceptualization is clearly inadequate. It will take different types of intermediate residences in different fields, but in some fields (mental retardation, mental health), more than a dozen types each are needed.
> (p. 84, Wolfensberger, 1972)

Although the residents in the satellites are not grouped entirely by functioning level, the system does contain elements of Wolfenberger's idea. One of the houses is specifically for a group of clients with emotional disturbance in addition to retardation. Another functioned as a kind of "launching pad" for many clients just before they entered the apartment last fall (1976). And of course the apartment itself is the last "outermost" satellite.

In addition to allowing a differentiation of services, the satellite system allows us to create a very homelike, non-institutional atmosphere in each satellite facility. The smaller

houses also provide an excellent opportunity to learn things in the home which are normally learned in the home. This includes such areas as home management and maintenance, cooking and other kitchen skills (including the use of household appliances), personal hygiene, grooming, care of one's bedroom, and care of one's clothing.

Some of these skills, of course, can be taught in school classrooms. A visit to a progressive high school program for mentally retarded young adults may show a stove, a refrigerator, even a complete bedroom or livingroom set. We strongly feel that such training should begin even in elementary or pre-school programs, in keeping with such techniques as the Montessori schools' "practical life activities". This sort of teaching does much to prepare mentally retarded persons for the reality of what their life will be when they leave the public school.

However, our experience shows that many of our clients need much more training in these areas. Therefore, we are fortunate in having five actual houses -- ready-made learning laboratories, complete with beds, stoves, kitchens, refrigerators, carpets, bathrooms, and so forth -- in which we can teach these home-centered skills. I have heard of a school program which recently built a complete house to function as such a laboratory. This is certainly a step in the right direction, but one is forced to ask: "Why build a house? Why not simply look in the community

for a house that is already there?"

As Wolfensberger says:

> Residential buildings for most deviant individuals require no unique design features, and the modification of existing community housing is often preferable to new construction. (p. 77, Wolfensberger, 1972)

We urge teachers in the public schools to create their own "satellite" learning laboratories where students can go for instruction in specific home-centered activities. Why not a trip to the local grocery store and then a cooking class at the house once a week? Or even overnight trips to the "satellite", to prepare young adults for the reality of leaving home and living in the community?

It is also true, of course, that much of the training in these living skills can take place in the home of each child. But as we are all aware, teaching the full range of skills needed to function independently in today's complex society is a mammoth task. We are talking about literally hundreds of specific skills, far more than those involved in any specific training program for a single job. We must recognize that in spite of all the best efforts of parents, teachers, and other professionals, many children will reach the age of 18 without the capacity to live on their own. The magnitude of this task has not been addressed fully, and it is unfair and unwise to expect parents to do the whole job. Training in independent living skills is a critical need in pre-school, primary and secondary programs; and even at the

adult level, it forms the core of the Clausen House curriculum.

The community itself functions as the background for this "solar system" of services, but it too must be seen as a critical part of the system. The community is also a learning laboratory within which a major part of mainstreaming at the adult level must take place. (This may be seen as a first step toward a community-based special education model. Cf. Apter, 1977.) The specific skills which we teach in the community are those relating to public transportation and mobility; shopping in different kinds of stores; the use of basic community resources such as libraries, museums, parks; and excursions to various surrounding areas, so that names like "Marin County" or "Golden Gate Park" become real experiences for our residents, rather than abstractions.

Travel training may begin with a simple walk around the neighborhood, to establish directions, street names and so forth, and wind up with a solo trip by foot, BART, bus and cable car to a shopping center in San Francisco. As with all of the curriculum areas mentioned, there is a full range of skills, from simple to complex, behaviorally stated, which each individual masters progressively.

To insure that our clients experience a flow between their own home (usually one of the smaller "satellites"), the central educational facility, and the outlying community, we use a system akin to modular scheduling. We have found that certain skills such as reading or money management, are best taught in

short class sessions, perhaps one hour long. Others, such as shopping or excursions into the community, may take three hours or more. The schedule of classes for each day of the week is different, but the overall goal is to achieve an instructional balance between different curriculum areas.

The overall staff pattern is shown in Figure 2. This presentation will be most concerned with programming techniques, but the administrative and support services are also key elements of success. No series of facilities of this size could exist without an executive director, social workers, a bookkeeper, nursing services, maintenance services, and so forth. Because of the satellite system, however, Clausen House is able to maintain a competent, professional support system while keeping the size of each house quite small.

Moreover, by having a central administration, it is possible to strive for a consistency of approach with an individual client at 2 or more places in the satellite system, if this is desired. The staff at the central educational facility can apply the same teaching techniques as the staff in the smaller houses. This can be especially important in remediating problems of social skills and maturity. If several different agencies are treating one problem, such consistency might be more difficult to achieve. (This approach may somewhat minimize, but by no means supplants, the need for dynamic

CLAUSEN HOUSE ORGANAGRAM

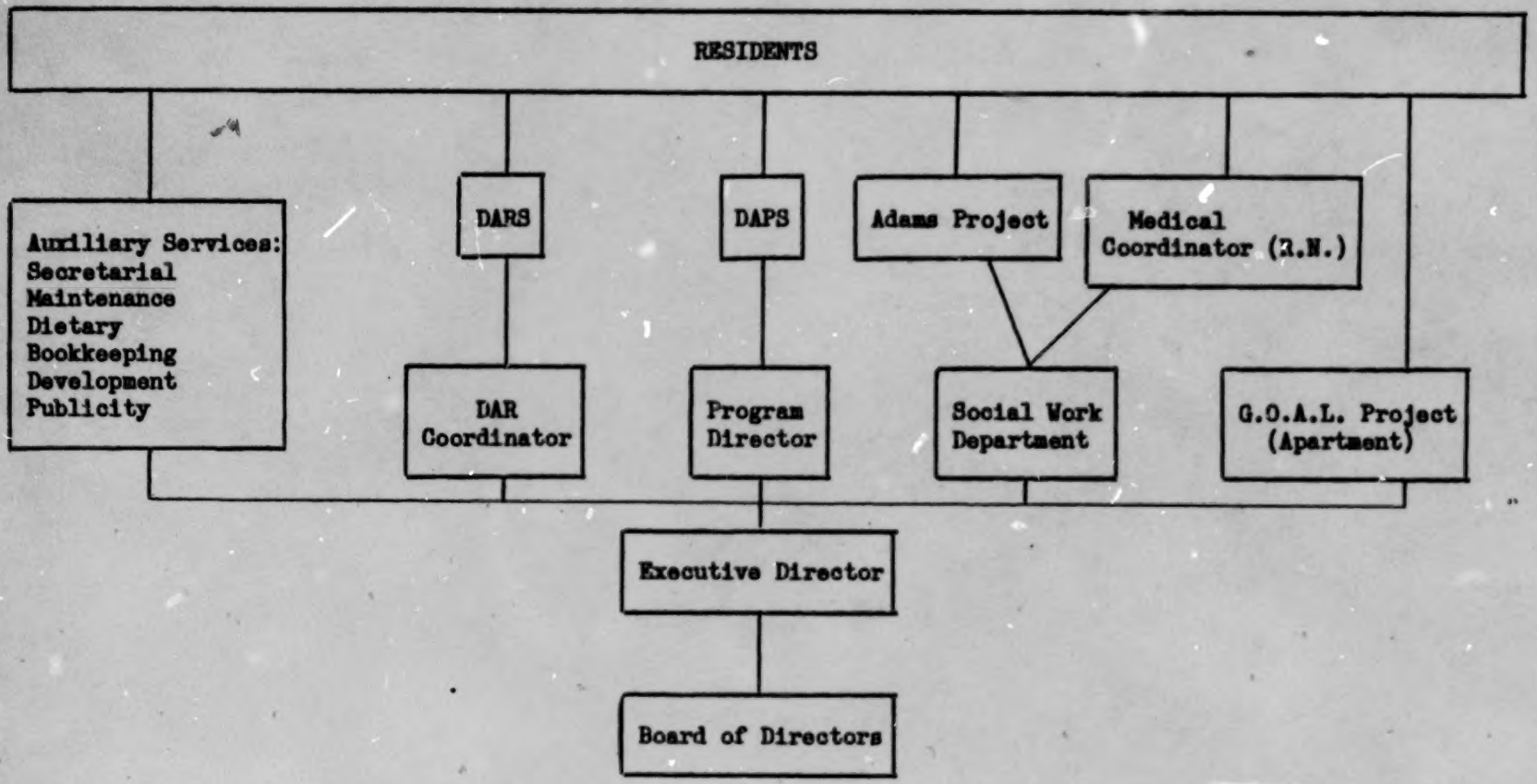


Figure 2.

© Clausen House, 1977

inter-agency cooperation and specialized liaison staff referred to by Fox and Karan (1976).

Teacher-student ratios vary, depending on the time of day, the subject, and the functioning level of the class, from about 1:5 to 1:10. We have found that groups of 7 to 8 are fairly ideal for many activities, although 5 is a good number for a cooking class. More severely involved clients often need more individual attention, of course. It is worth noting that it is possible for a group to be too small. Three or four people, for example, may be too few to generate the energy and enthusiasm needed to tackle a new learning project, in certain situations. However, we feel an <u>average</u> group size of more than 10 would make it essentially impossible for an agency to offer effective instruction to developmentally disabled adults.

IV. CURRICULA -- THE CONCENTRIC CIRCLE MODEL

The basic structure of the Clausen House program consists of 17 curriculum areas covering a broad range of independent living skills (ILS). This is summarized in Figure 3. The base of the pyramid in this figure represents the basic program. The apex represents the G.O.A.L. project, with the more advanced living skills in its curriculum. Each curriculum area has a graded series of skills reaching from the base of the pyramid (simple) to its apex (complex).

In order to teach this tremendous range of skills, we organize them along the lines of concentric circles. That is, we feel that in order to master one's life properly, one must begin with one's self, and gradually expand one's mastery to include the immediate home environment, then the school or academic environment, and finally achieve full participation in community activities and join the world of meaningful work. This is summarized in Figure 4.

In the first sphere, relating to oneself, we feel that considerable importance must be given to areas such as personal grooming, cleanliness, appropriate choice of clothing, and the orderly arrangement of closets, rooms, and personal possessions. Physical skills are also critical. Our movement specialist has created an entire "mini-program" to deal with such development, and also to address emotional growth through movement. (Consider, for example, adults . . . . . .

CLAUSEN HOUSE DEVELOPMENT PROGRAM
CONCENTRIC CIRCLE MODEL

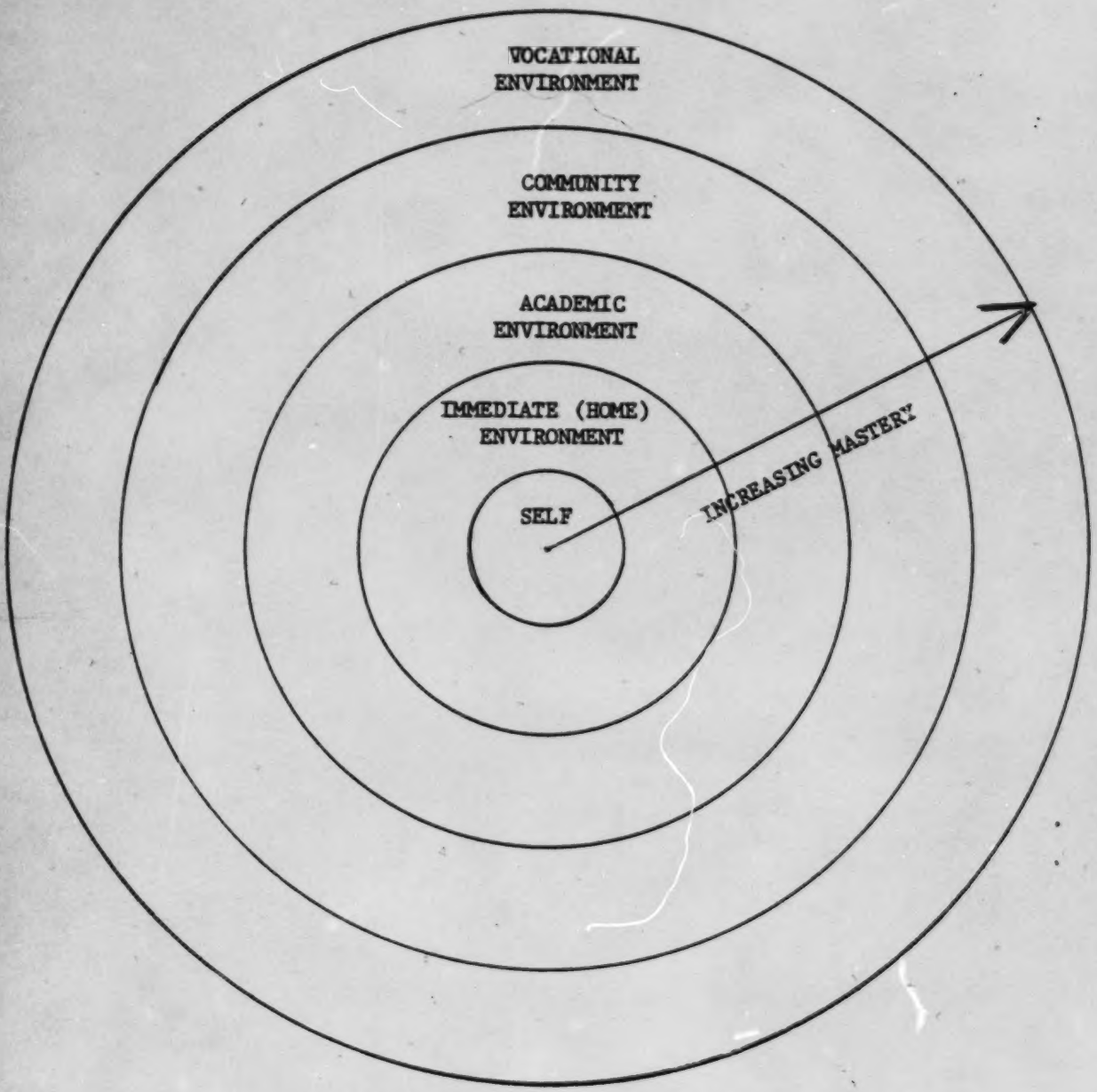


Figure 4

whose unusual way of walking on the street immediately marks them as "different" or "unusual".) Health and safety considerations are also certainly part of this first sphere of personal development (or self-centered activities). Ideally, this sphere is primarily worked on in the individual's home, although the area of physical skills may require special apparatus and specialized staff at the educational center. Health and safety items, nutrition and others may also be taught most effectively at the central facility.

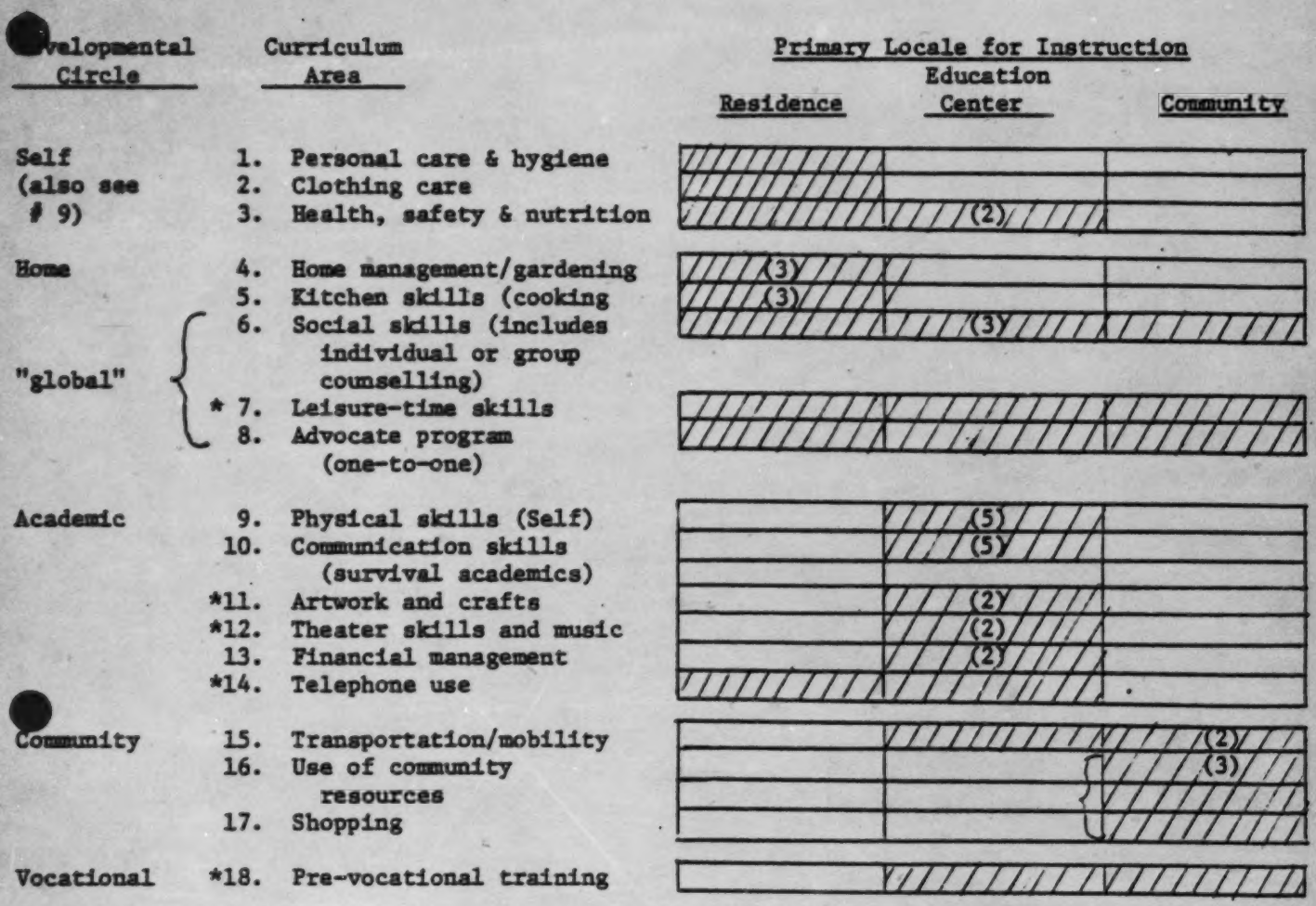
Figure 5 lists the areas of instruction by their developmental spheres and also by the primary locale for their instruction. There is no neat, theoretical pattern here. All "self-centered" skills are not taught in the home, for example. This list of skills is meant only as a rough outline of suggested curriculum areas, and is not an attempt to be all-inclusive or restricting. It is simply a first attempt to classify curricula and locale for instruction in a meaningful way.

The second sphere is that of the immediate (home)environment. This includes the areas of home management, gardening, cooking and other kitchen-related skills, social skills, and leisure-time skills. This sphere is also worked upon partly in the home, but it often involves more group interaction than the first sphere, and also represents the erpansion of mastery to the entire house (kitchen, garden,

Figure 5

CLAUSEN HOUSE DEVELOPMENT PROGRAM

CURRICULUM AREAS FOR INDEPENDENT LIVING SKILLS



* = elective.

Numbers in parentheses refer to one suggested allotment of hours during a 32-hour instructional week (Monday - Friday, 9:30 a.m. - 4:45 p.m.) for a full-time ILS training program. Many of these areas, including cooking, personal care and clothing care, can also be taught on mornings, evenings, and weekends. Such supplementary instruction is not included in the 32-hour total.

© Clausen House, 1977

and so forth) rather than the resident's own body or personal possessions.

Two other areas listed in this group are leisure-time skills and social skills. These are really global in scope, as they involve people and areas outside the home. They can be (and should be) taught in the home, at the educational center, and in the community or the place of work-training. However, the framework for their successful completion will in many cases begin in the home.

These two areas also have a unique importance in any program. Leisure-time skills are often a neglected area of training; yet the mentally retarded are often stereotyped as people who "just sit around all day". If we offer training to help individuals do normal things for themselves, we should certainly offer systematic training in what to do with free time. There are numerous games, social and club activities, sports opportunities and other areas of interest which our clients could certainly participate in if they received some training. This is education in the true sense of the word, for it is providing an opportunity for new growth and personal development when the teacher is no longer there.

Social skills, or instruction in adult social behavior, is perhaps the most critical of all areas in which we work. Although it is true that many mentally retarded adults are

held back from progress by a lack of technical skills of daily living (how to read, cook, take the bus, shop, and so forth), the greatest single area for growth, in our experience, is in acquiring adult behavior. One reason for this may be that many retarded adults have never been expected to act like adults.

It has been suggested (Rosenthal and Jacobs, 1966) that teachers' expectations can affect pupil progress. We feel that this holds true in working with developmentally disabled adults in the area of social skills. Quite simply, our technique is to expect the best, to expect that our clients can and will attain mature social skills. To this end, we have classes in social skills, and individual and group counselling sessions with our social worker and counsellors. Such classes could involve games, role-playing, or discussion groups focussing on areas such as getting along with other people, dealing with frustration and anger, or handling personal responsibilities with honesty and bravery.

Beyond the classes, however, staff expect a consistent ability seven days a week for individuals to demonstrate that they can hold themselves together, be considerate of others, and handle both happiness and frustration as adult human beings. To be sure, this is not easily done, but we have seen distinct growth with our clients.

In this light, it is interesting to note Kirk's statement

regarding the educable mentally retarded:

> Any failure in unskilled occupational tasks is generally related to personal, social, and interpersonal characteristics rather than an inability to execute the task assigned.
>
> (Kirk, 1972)

It would therefore be accurate to say that pre-vocational training begins at home, and that social skills are an exceedingly important area for training.

The third sphere is that of intellectual development in the academic or school-centered environment. This includes communication skills and basic survival academics, time-telling skills, related artwork, music, drama, and so forth, plus technical areas such as using the telephone. Most of these skills are addressed exclusively at the educational center.

The fourth sphere includes community-centered activities, such as shopping, mobility, use of community resources, and practical application of money management in real-life situations. The larger part of this training takes place in the community, although areas such as map-reading and menu-reading may occur in the classroom or role-playing sessions.

As Figure 5 indicates, a client will not work exclusively on one sphere while ignoring the others. It would be undesirable to concentrate solely on the personal domain,

for example, without allowing a client to participate in community-based activities. We try to strike a balance of all four areas during the course of the program week. We naturally do not expect a client to master complete integration into the community until the individual's personal skills, academic training, and social strength have had the opportunity to grow.

The fifth sphere, that of pre-vocational training, involves work-training experiences. Several of our clients are involved in other work-training programs in the community, and we also have a work-training segment within our facilities involving food services, maintenance, retailing work (in our Auxiliary's Boutiques), and secretarial duties. One of our clients has functioned as our receptionist and switchboard operator. We strongly feel that service-oriented work is an excellent route for pre-vocational training. One of our clients is a volunteer at one of the Kaiser Hospitals in Oakland, while another is a teacher's aide in the public-school system.

We do not, however, regard vocational training as the essential province of the CRF. We feel that our job is to get people to <u>live</u> as independently as possible, whatever their potential may be. Beyond this, we rely on other expert professional groups in our geographical area to provide training in specific job skills.

Different clients will naturally have different program plans, depending upon their needs. Crosby (1976) identifies individual program plans as one element of any modern service-delivery system. A word should be said about "requirements" and "electives", however. Most of the course areas we have described could be offered to nearly all of our clients, either during the morning or evening at their homes, or during the basic instructional week of thirty-two hours (M-F, 9:30-4:45). The numbers in parentheses in Figure 5 refer to a kind of "ideal balance" of hours among these courses, assuming that a client is in the program for a full thirty-two-hour instructional week (which may not be the case for everyone).

Some of these courses can be seen as "requirements", just as many collegiate programs have basic General Education requirements. Others, including music, art and drama, can be viewed as "electives". These are meant only as suggestions in the broadest sense. Room must be allowed for individual differences. Some clients may need or wish to concentrate on fewer goals, some on a broader spectrum of skills. A program should be flexible enough to allow this, while still maintaining an "intensity of relevant programming" (Wolfensberger and Glenn, 1975), which will carry participants along a continuum of courses toward independent living as expeditiously as possible. Adult clients really have no time to waste.

Some notes should be added for certain courses:

Cooking refers to cooking in a group of approximately five residents (a good number for a comfortable fit in a reasonably large kitchen), for a group of about ten, a number which may actually live in a group home. Formal cooking classes are usually held between 10 a.m. - 12 noon, and involve cooking a hearty lunch. Residents may also, of course, cook breakfast or dinner in their home each day.

Physical Skills. It goes without saying that emphasis on physical and basic movement, including coordination and flexibility, are tremendously important for developmentally disabled persons of all ages. We regard this area, incorporating not only sports and recreation, but also various other dance and movement techniques, as critical. We allot approximately one hour per day for this kind of training, in a special "mini-program".

Community Resources. At least five hours per week, almost one full program day, or more, can be spent in the community. This time may be divided between two or more days. Long trips, for shopping and so forth, are especially recommended.

Clothing Care and Personal Care. So much has been written recently about age-appropriate clothing and grooming that little needs to be added here. It is of the utmost importance that residents of a CRF dress and groom themselves in a culturally normative manner. Often this cannot be accomplished overnight, but outfits such as pantsuits with work boots, and unkempt personal appearance, are discouraged.

Tea Time. When the afternoon phase of the program day is over, residents and staff can relax together informally at tea time. Nutritious snacks are occasionally provided, and a kind of "happy hubbub" sometimes ensues. Whether a person chooses tea, refreshment, or just a casual chat, the important thing is that staff and residents are relaxing together. Just as at certain meals, when staff and residents eat together, learning can take place on both sides.

It is worth noting that the suggested proportionment of hours for curriculum areas shifts noticeably for groups about to enter the apartment unit. Nearly half of the instructional time becomes allotted to cooking and home management, while areas such as artwork and music may be much reduced. This shift may reflect the priorities of apartment living, in which cleaning and managing one's own home, and preparing ample, balanced meals for oneself, become much more important.

Clausen House also maintains its own bank for residents not yet able to participate fully in the community's banking facilities. Personal funds are deposited or withdrawn twice a week, using checks which approximate actual checking systems. This requires planning ahead by all the residents, to be sure that they have enough funds for entertainment and necessities until the next banking day. This is a temporary step prior to opening both checking and savings accounts with commercial institutions, which some clients now maintain.

Family life education is also an important area, but one which we feel presents certain difficulties for large group instruction. Individual needs and attitudes, as well as parents' or guardians' feelings, must often be given special consideration. Our primary focus in this area is currently that of individualized counselling.

We encourage responsible dating relationships, and of course participate in social events with other local agencies. O'Connor (1976) in her nationwide survey found that only 22% of residents dated; we would like to see this much closer to 100%. In a sense, however, our entire program is an attempt to meet the tremendous responsibility of mature relationships between the sexes. Marriage for the mentally retarded is currently the subject of heated controversy (Wolfensberger, 1972; Conway, 1977), an issue which we will not join here. If it is ever to become a reality, however, one thing is certain: it must be based on love and a shared sense of mutual duty and responsibility. Each partner must be as capable, competent and self-reliant as possible. The overall goal of the Clausen House program is to produce this kind of self-reliance.

Before we leave the area of curriculum, I would like to say a few words about the potential use of theater as an exceptionally dynamic tool for individual growth. The theatrical arts form a bridge between many areas of programming including reading, writing, memory-training, artwork, music, dance, movement,

social skills, and group cooperation. It is a magnificent tool for promoting positive self-image and enhanced self-esteem, as well as good community relations. The National Theater of the Deaf is certainly the most notable example of theater for the handicapped in this country. Our experience leads us to feel that theater can be systematically incorporated into programs for developmentally disabled adults.

Theater at Clausen House began at the first anniversary of our Executive Director, Alain Youell, a key figure behind the innovation currently going on at Clausen House. The residents decided to put on a play for him as a gift. This production was called "My Fair Professor", and was a take-off of "My Fair Lady", adhering to the same Pygmalion theme: Mr. Youell had come with the expectation that the clients could grow to full adulthood. The play burgeoned into a full-fledged musical production complete with lines memorized, songs with "take-off" lyrics, and dance numbers. It was a smashing success. After its original performance, it was eventually shown to a larger audience in a hall in the community, and was simply an incredible amount of fun.

A play can involve, as noted, reading, writing, memorizing, techniques of clear speech and pronunciation, carpentry, artwork and sewing for set design and costumes, music, body movement and dance, and so forth. It can also involve that elusive faculty of cooperation with other people, and demands that individual

whims and vagaries be subordinated to the project of the group as a whole. It provides a chance for retarded adults to imagine (or image) themselves as fully-grown people in mature roles. It is important to note that rather than put on plays of fairy tales or children's stories (although this may in fact be the first choice of residents when asked what play they would like to try), we prefer to encourage plays with mature themes, such as a hospital theme, or even the current water crisis in California. We cast our residents as judges, doctors, gas station attendants, and so forth (men and women, of course, in both roles). Finally, plays give the residents a chance to give, to offer something for others, rather than being the perpetual receivers of services. We have often created, written, rehearsed, and produced a "mini-play" in about three hours. We have put them on for visitors, or for the other residents during the informal tea time.

Our theatrical arts project, which functions as a kind of "mini-program" in its own right, is called C.H.A.D.A. - The Clausen House Academy of Dramatic Arts. One of our instructors studied at the Old Vic in England, and another with the American Conservatory Young People's Group. We feel that the potential for this kind of activity, in the classroom and residential facility, or for greater public awareness, is unlimited.

The same principle applies to our Annual Christmas Renaissance Fayres. This idea comes from the huge Renaissance Fayres held annually in California. In order to get away from children's-type entertainment, we have for the past three years rented true Renaissance costumes, decorated buildings gaily, and gone all out

to create a Renaissance-style holiday party, full of minstrels, shows, town criers, games, refreshments, and so forth. One group of women has even performed medieval dancing. It is fun, but it is age-appropriate fun. The energy expended can go toward the building of an adult self-image for each client.

V. RECORD-KEEPING, RESULTS AND PROJECTIONS

One major question in all of this complex system of schedulings and objectives is obviously record-keeping. How do we keep track of individual goals and progress? We have developed our own system, adapting various aspects of several other programs. Our system is called C.H.A.R.T., an acronym for Clausen House Assessment and Rating Tool. Every class, and every satellite house, keeps a form for recording the progress of every client on behaviorally-stated goals.

Whenever any resident masters a skill in any class or at a house, a small certificate of Goal Achievement is filled out and sent to a central recorder. Not only is it a certificate of completion for the resident (who receives a copy), but it also goes into a file where a typist can reach it at the time of the client's annual review. (This saves needless recopying of objectives by hand). An entry is also made on another form which is kept for each individual client, listing a chronological record of goals accomplished in each curriculum area. This latter record, combined with a schedule of the clients' weekly activities, forms an integral part of the individual program plan. (A master checklist of all the skills addressed in the program is currently being prepared as part of the C.H.A.R.T. system.)

This system is part of the "conceptual glue" which supports the program. It is an accountability tool for client and staff and the means of transferring classroom results to administrators, parents, and other related agencies. It is also meant to minimize record-keeping time, so that more attention can be given to working directly with clients. Much of the recording of progress on objectives is done during the class itself. Our experience has shown that without such a centralized record-keeping format, maintaining a program of this size is impossible. The C.H.A.R.T. system is currently being prepared for wider dissemination.

One very concrete measure of our success has been the placement of twelve individuals out of group homes and into the G.O.A.L. apartment units, where they have been successfully living for the past six months. The direction which this project takes will further define our ultimate objective of preparing our clients for full independence.

Another measure comes from a PASS evaluation (PASS 3, 1975) of Clausen House by the California State Department of Health in May, 1976. This report did not assign point scores, but did state that the "entire Clausen House program scored well above the level of minimum acceptability, which is where most community agencies are". (Weiss et al, 1977). The PASS evaluation has pointed out areas of strength (location, administration), moderate strength (social integration), and areas for continued growth (overall programming). Many useful suggestions for improvement were made. Certain suggested improvements had been implemented by the time the final report was received. Our system is still in the process of growing toward greater effectiveness. Hopefully, it always will be.

A third objective measurement of program success comes from the results of a two-year, internal evaluation using the Wide Range Achievement Test (Delaware: Guidance Associates, 1965). This test is a short assessment of basic school subjects, measuring reading (word recognition and pronunciation), written spelling, and arithmetic computation. It has been used to establish degrees of literacy and proficiency in arithmetic for mentally retarded persons.

Pre-tests were administered to thirty-nine clients in August and September of 1974. Post-testing was done with the same clients between September, 1976 and March, 1977*. All clients lived at Clausen House or were day students during this time, and most received intensive contact with the basic day program.

All testing, both pre- and post- , was done by the same staff member. Level I of the WRAT was used because Level II was judged by the examiner to be too difficult for most clients. Since Level I is not normed for this age group (18 and over), after consultation with the publishers of the test, it was decided to use only raw scores for the analysis. Results are summarized in Table 1 and Graphs 1, 2, and 3.

---

* One client was pre-tested in November, 1974, and post-tested in July, 1976. Four other subjects were pre-tested in September, 1975, and post-tested with the main group. These results were included in the study to keep the sample size as large as possible.

Table 1

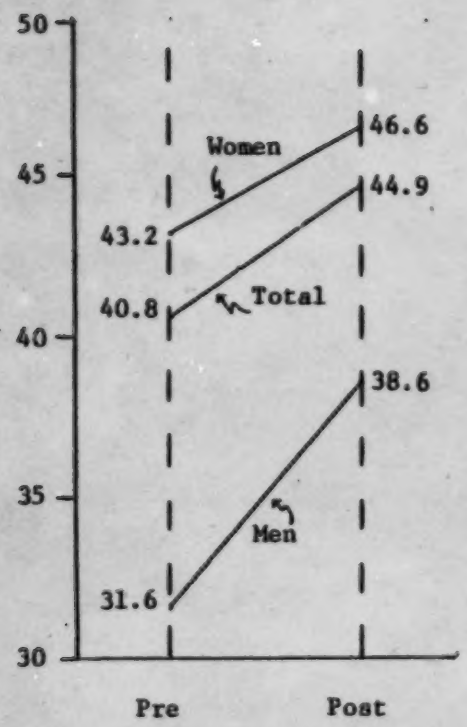
WRAT ANALYSIS

	Variable	Number of Cases	Mean (Raw Scores)	Standard Deviation	(Difference) Mean	T-Value	2-Tail Prob.
I. Total Sample	Read 1 (PRE)	39	40.8205	27.226	-4.1282	-3.49	.001
	Read 2 (POST)		44.9487	26.858			
	Spell 1 (PRE)	39	28.4359	16.415	- .6154	- .86	.396
	Spell 2 (POST)		29.0513	15.420			
	Arith 1 (PRE)	39	19.3077	10.529	-2.8718	-4.76	.0001
	Arith 2 (POST)		22.1795	9.233			
II. Men	Read 1 (PRE)	8	31.6250	33.581	-7.0000	-2.08	.076
	Read 2 (POST)		38.6250	32.390			
	Spell 1 (PRE)	8	28.0000	18.252	.3750	.39	.708
	Spell 2 (POST)		27.6250	19.257			
	Arith 1 (PRE)	8	19.3750	11.686	-1.8750	-1.56	.163
	Arith 2 (POST)		21.2500	11.744			
III. Women	Read 1 (PRE)	31	43.1935	25.445	-3.3871	-2.80	.009
	Read 2 (POST)		46.5806	25.603			
	Spell 1 (PRE)	31	28.5484	16.233	- .8710	-1.00	.323
	Spell 2 (POST)		29.4194	14.628			
	Arith 1 (PRE)	31	19.2903	10.419	-3.1290	-4.50	.0001
	Arith 2 (POST)		22.4194	8.690			

Graphs 2, 3.

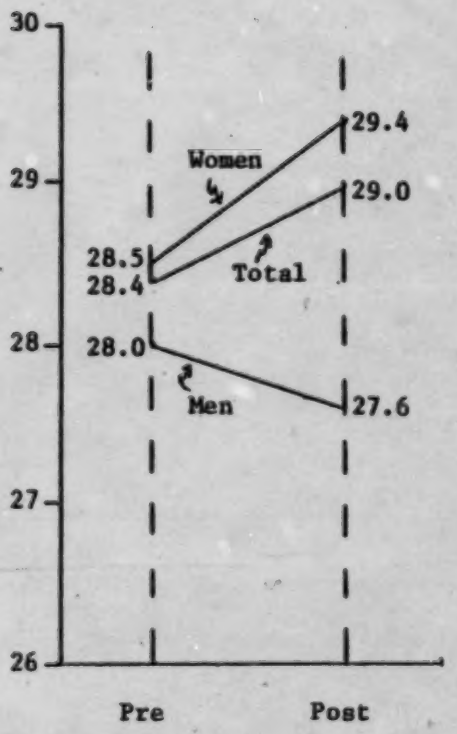
WRAT ANALYSIS-CHANGE IN MEAN SCORES

Vertical axes in different scales to show different raw-score ranges.
All scores rounded to one decimal place.



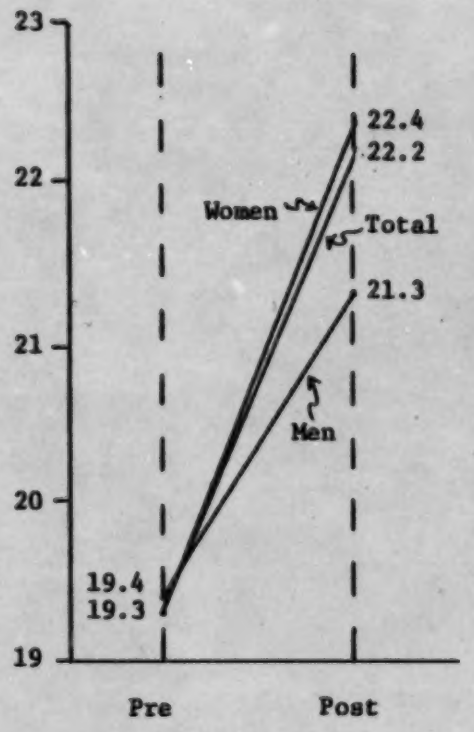
Graph 1

READING



Graph 2

SPELLING



Graph 3

ARITHMETIC

Results are reported both for the group as a whole (39 subjects), for men only (8 subjects) and women only (31 subjects). Because of the small number of men, any conclusions relating to this sub-group are suggested only as possible trends, to await further clarification.

All mean scores, with the exception of men's spelling, show an increase over time. Increases for reading are highly significant for the entire group (prob. = .001), and for the sub-group of women (prob. = .009). Increases for arithmetic are highly significant for the entire group (prob. = .0001) and for women (prob. = .0001). Mean scores for spelling do not show statistically significant changes.

Thus the total group results show highly significant gains in reading and arithmetic, but no significant change in spelling. The sub-group of women parallels this pattern closely, which is to be expected since 31 of the 39 subjects (82%) are women. The sub-group of men shows a similar pattern in means to the total sample in reading and arithmetic, but not significant gains. Men's scores were also, on the whole, lower than women's, and did not show significant gains. Caution must be used in drawing conclusions from the men's scores, however, since the number of men is so small (eight). We await further research for classification in this area.

The lack of significant gains in spelling may be partly attributed to the fact that certain instructors tended to

stress reading more than spelling in their classes. Furthermore, certain "survival"-words are sometimes stressed in daily instruction. These words are chosen strictly for their utility in independent living, and many of them do not appear on the WRAT Level I spelling list.

It must be clearly noted that there was no control group used in this study. This is because the primary purpose of the study was to demonstrate that exposure to the Clausen House program can lead to gains in academic skill areas. To accurately assess the significance of these gains, it is necessary to compare them to similar measurements for mentally retarded adults receiving no program for a two-year period of time. We have been unable to locate any such normative data. Indeed, we suspect that such a "pure research" study would have little appeal for professionals nowadays. (However, we welcome other programs which have accumulated data on intensive training in these areas, to share them with us, so that we can more accurately assess our progress.) We would suggest that mentally retarded adults, without program activities for two years, would either stabilize or regress in these academic areas.

The results of this study show that mentally retarded adults can make progress in reading and arithmetic skills. Since most of the subjects were involved intensely with the Clausen House program, (and since all were in some contact

with the program), this argues strongly for the development of similar adult and continuing education programs. It also argues for inclusion of basic academic areas (reading, arithmetic, etc.) in such programs. We await further clarification of the results by parallel studies, by investigation of the literature for established control samples, and by direct consideration of those tasks of daily living which rest on these skills.

One of the most interesting features of these results is that they measure only a fraction of the total training program. The WRAT assesses fundamental academic skills which are crucial as precursors to independent living, but does not directly measure skills such as cooking, home management, mobility and so forth, which are taught at Clausen House as integral parts in independent living skills training. We are currently investigating further testing using the SPIB-T (Social and Prevocational Information Battery, T-Form) recently developed at the Rehabilitation Research and Training Center at the University of Oregon in Eugene (Irvin et al, 1977). Clausen House participated in a pilot study of this very important instrument in 1975-76. Tests such as the SPIB-T, of direct relevance to training for independent living, may form the core of future much-needed long-term studies in this area.

To more objectively measure attainment of such skills, the Clausen House staff is currently assessing overall skill gains in annual case reviews for individual clients. Some of the initial results are impressive, showing long lists of adaptive skills which have been acquired or maintained. A brief analysis of six of these early assessments shows an average of ten distinct skills reported as achieved. On a more informal basis, staff have noted that certain aberrant social behaviors have markedly diminished in some clients. Further investigation of this kind will be needed before we obtain a truly comprehensive picture of each individual's progress, and the success of the program as a whole.

To further improve the quality of Clausen House services, we are hoping to take a number of new steps this year: (1) the establishment of more open-classroom type projects, allowing increased use of individual choice and personal responsibility in instruction by the residents themselves; (2) increased movement toward the collegiate model, with the main programming center ceasing to function as a residence and becoming a full-time ILS College; (3) exploration of increased placement of our residents in direct service positions, concentrating especially on successful vocational experiences as aides in pre-school and hospitals. This is especially critical if our clients are to achieve the integrity and positive self-image of people who can serve and give rather than always be the recipients of service; (4) improved individualized program planning, leading to greater personal growth; (5) development of systems for maintaining skills once they are achieved, including periodic checks to be sure skills are not being lost through lack of use; (6) expansion of our services to non-ambulatory clients. Because of the large number of staircases in our facilities, we have not yet been able to include this latter group. In keeping with the idea of the community residential facility functioning as the center of services to the developmentally disabled, we very much wish to add this to the spectrum of our services.

VI. G.O.A.L.

G.O.A.L. stands for Greater Opportunities in Adult Living. It is the most advanced segment of the program, the apartment-living project. The concept of staff "doing for" a client, always diminished in the basic program, is finally abolished at G.O.A.L., and clients live in and maintain their own apartment units.

G.O.A.L. was conceived in 1974, when the basic program began, but many of the prospective participants underwent two years of training in the main program before moving to the apartment building. G.O.A.L. officially opened 6 months ago, in the Fall of 1976. We were assisted in this project by a revenue-sharing grant from Alameda County.

The participants in G.O.A.L. are no longer "residents", but "tenants". Their programming is based on entirely different principles. First, many of them are involved in pre-vocational training projects, which take them away from the apartment unit during the day. This is not a requirement of being in the project, but it is a significant part of it.

G.O.A.L. functions separately from the main program. As rule, tenants do not return to the main system for programming or classes, but receive their training at the apartment units and in the community. We have found that once "the big step" is made, it is best to maintain a discreet distance between the apartment unit and the basic program, although cordial visits are often made.

In addition to their work-training situations mentioned above, the G.O.A.L. tenants are expected to show progress in several of the basic areas of living skills. Behavioral goals are set and individual help is given by staff as needed. There is naturally a tremendous amount of enthusiasm when these individuals move into what is usually their first "solo" venture, and although this almost adolescent euphoria tapers off somewhat as time wears on, a new maturity begins to develop in the tenants.

G.O.A.L. currently consists of 12 tenants living in 6 studio or one-bedroom apartments (two to a unit). 4 additional persons will soon move in. Other units in the building are for staff and a "teaching" apartment unit. Rent is paid on an individual basis, and each team of two roommates is expected to maintain their apartment on a clean, safe and sanitary basis; to manage their own finances; to do their own shopping; to clean their own clothing; and to keep themselves properly groomed. Needless to say, the opportunities for learning how to get along with other people, and to cope with new problems, are enormous.

G.O.A.L. is organized so that clients can flow into it from the basic program system on an individual basis, when their skill training has reached a point of readiness for more independence. It is the ultimate "satellite" before the client can leave the "solar system" altogether for

independent community living. Staff are available on a round-the-clock basis (staff remain at night in their own apartments), but the structure of the basic program classes is replaced by a system of individualized teaching. Each tenant is evaluated on a large number of competencies, as in the main body of the Clausen House program. When a tenant requires assistance in a specific area, she or he can seek out a staff member and request help. Consider, for example, the difficulty of running out of food money after throwing a party for a number of friends in the middle of the month; or buying an item on credit and not being able to meet the payments; or being overdrawn at the bank, and so on. Staff members are at the project during days and evenings and weekends, and group sessions are sometimes held after dinner.

The possibilities for learning in this new situation are endless, but the best part of the project is that the tenants (and staff) are dealing with <u>real</u> situations. This is not make-believe or role-playing. Our experience for the first six months of G.O.A.L.'s existence has demonstrated the importance of an independent-living apartment laboratory. It often calls for a great deal of courage and determination to make apartment living a reality, especially with various building codes which may be inconsistent with normalization principles (cf. Wolfensberger, 1972). However, the more this is done, and the more willing the educational community is to push for this kind of project, the easier it will become.

It is even feasible to consider an apartment "satellite" to a secondary-school program.

Our emphasis on vocational experiences for these clients at this stage is also somewhat experimental. We expect that a great deal of progress in independent living skills areas will take place by practical experience, and by work on evenings and weekends. It is our hope that the tenants will progress with their living skills training in addition to the time spent in pre-vocational programs. We will of course evaluate each client's progress on a case-by-case basis. The ultimate goal of G.O.A.L. is exactly what the acronym implies -- greater opportunities for adult living in the community. Our ultimate aim is to place mature, responsible citizens, capable of coping successfully with all the complexities of modern urban life, into their own apartment units.

We project that one year to eighteen months of training will be sufficient to permit this type of independence, although we are certainly ready to provide more instruction if it proves necessary. There will of course be systematic follow-up services provided as these adults take their first exciting steps toward full independence.

VII. THE ADAMS PROJECT

The newest planetary body in the satellite system is a special project for clients who are emotionally disturbed as well as mentally retarded. This project is only a few months old, and is still very much in the experimental stage. It currently involves 5 women, all of whom have displayed severe behavioral difficulties.

As a general rule, we have not had to institute intensive behavior management in the main body of the program. We have found that the bulk of our clients, who are of borderline intelligence or moderately or mildly retarded, respond well enough to the intrinsic rewards of a challenging learning situation, and to social reinforcers such as praise, that additional features such as token economies or point systems were not necessary. In certain cases, of course, individual contracts involving extrinsic rewards have been employed, but the basic operation of the program does not depend on them.

It is interesting to note the views of MacMillan and Forness in this regard:

> . . . . the evidence is rather impressive regarding the efficacy of behavior modification in the development of adaptive behavior in certain contexts. While this approach has been utilized effectively to develop rather well-defined response sequences, it has had little success in producing change in more complex behaviors, adjustments, and socialization processes.

> Hence, its potential contribution as a clinical tool may be greater with the more severely retarded patients than with the borderline cases.
>
> (MacMillan and Forness, 1973)

These authors suggest that more natural reinforcers, such as social approval, should be relied upon unless proven unsuccessful; and that next in the hierarchy of reinforcers would be symbolic rewards such as graphs or letter grades. Only when these prove ineffective should tokens exchangeable for tangible items, or the items themselves, be substituted.

In this special project, we are dealing with disturbed clients who are socially isolated from their peers. We are instituting a behavior management program for them, based primarily on social praise and the development of a strong community feeling of shared responsibilities among both these residents and a smaller, specialized group of staff. It is hoped that by increasing meaningful social contact, and stressing normal behavior patterns, these clients will progress to the point of joining the basic developmental program.

We are working toward this aim by involving these residents on a part-time basis in the full satellite program system. Being with the other clients from the system,

they will be involved in normal peer-pressure situations. They will also have, however, the specially-assigned staff referred to above, and additional time with this special staff for instruction in their small home or in the community.

Our experience thus far has shown that:

1. Even residents whose mental retardation is compounded with severe emotional problems can be successfully integrated into a community facility.

2. The number of clients in such a project must be small, four to six in a house rather than 10 or 12.

3. Staffing must be increased to provide more one-to-one training. Staff-resident ratio is generally 1:3 during the program day.

4. Behavior management "contract" on an individual basis may be established, but not until after several weeks of contact between staff and resident. It is important to have objectives, but it is better to set them after the staff and clients have come to know each other well.

5. Drugs can be over-used with these clients. As an example, one client entered the program directly from a larger institution taking 800 mg. of thorazine daily; now, 6 months later, she is on 100 mg. There have been problems with this reduction (carried on

with full supervision of the psychiatrist who works closely with the project), but we feel that these difficulties have been amply worthwhile.

6. It has not been necessary to duplicate a full-fledged psychiatric treatment facility. This project is directly supervised by the Clausen House Social Work department, with once-weekly visits from a closely-concerned psychiatrist from the community. Costs are somewhat higher than in the basic program, but still far less than estimated costs of care in larger institutional-type facilities.

We hope that this project will demonstrate the ability of small CRFs, with sufficient professional support staff, to successfully integrate into community life even persons with severe behavioral disturbances as well as retardation. CRFs can and should be on the cutting edge of such practical experimentation.

VIII. STAFFING PATTERNS

Programs such as we have discussed are only as good as the people who make them possible. We will now examine some of the novel staffing patterns which the Clausen House system has developed.

(A) There are no "House Mothers" of "House Fathers" at Clausen House. Direct service staff are seen as change agents, who serve the residents not by "doing for" them, but by teaching them how to do things for themselves. These staff were previously called "House Managers". More than one year ago, the titles were changed to Developmental Assistants in the Residence, or DARs. The object of this change was to emphasize that these staff members are working to assist the personal development of the residents.

In some cases, this may have involved a change of role-expectations by staff themselves, which is not a quick or easy process. With time, however, progress has occurred. For example, all residents now have regular jobs to perform around the house, which the DARs supervise. The DARs do not do these jobs, however. They are charged with working toward behavioral goals for every client in their house. By and large, staff reaction to such assignments has been favorable, and we look forward to increasingly effective teaching by these dedicated people.

Another successful change has been the integration of the original teaching, or "program" staff, with the DARs. As a group, the program instructors tended to have college educations or backgrounds in teaching or special education; they did not work overnight shifts. The DARs, on the other hand, represented a great diversity in ages and interests; few had been specifically trained as educators; and their job involved spending nights in the residences.

One line of attack for integrating these groups was again to change the names, a technique which could be recommended for other organizations faced with similar difficulties. At the same time that the "House Managers" became Developmental Assistants in the Residence (DARs), the "Program Staff" became Developmental Assistants in Program (DAPs). Thus, both groups were now equal in name, as Developmental Assistants. In addition, the pay of the staff as a whole, including DARs, was raised. This is an area which cannot be ignored in upgrading services and retaining staff.

The program was adjusted to increase the chances for <u>contact</u> between the two groups. We began team teaching with DAPs and DARs on a limited basis, and have found that this is a good means of contact. For example, rather than have a DAP instruct a group of 10 clients while the DAR cleans

house for the morning, we have involved both the DAP and the DAR in a team teaching situation, in which each instructor has 5 clients. One group will spend much of the morning cooking lunch, while the second group section engages in supervised work on home management techniques or related activities. Then the two groups and the two staff members sit down to lunch together, which is a further teaching situation for family-style eating and socialization skills. Again, both staff are responsible for supervising the clean-up activities. Thus, for more than three hours each day, a team-teaching experience provides possibilities for direct contact of DAPs and DARs, often working with the same clients on the same problems in the same place.

This technique has brought the DAPs and DARs to the point where they can all sit down at a staff meeting, as "Developmental Assistants", and discuss a common array of problems. Certain things we did at first (such as DAPs not being involved in lunch clean-up) have been changed. DARs have also filled in as substitutes in regular classes taught by DAPs, or a DAP has substituted overnight for a DAR. This transition has been remarkably smooth, although not entirely without friction. Tremendous strides have taken place, and a true dialogue has begun between these two groups. Each group will still retain its areas of specialization, with the DARs charged more with the home-centered activities, and the

DAPs with the academic-centered growth. However, much sharing and swapping is possible, and each group can work with, and learn from, the other. This is one of the most exciting staff developments the Clausen House system has pioneered, and we know of no comparable system anywhere.

The exact scheduling system for staff may be of some interest. As a general rule, DARs work a 3 1/2-day week shift, either from Monday morning through Thursday afternoon, or Thursday afternoon through Monday morning. They receive a 2 1/2-hour break in the afternoon, but are otherwise either teaching classes or working in the house. DAPs work on some variation of the standard 40-hour week. We have found that, rather than develop a totally separate staff for weekend and evening program activities, we can use the same staff with overlapping work days to cover the full seven-day week.

For example, a staff member might work Monday through Friday from 9 a.m. to 5:30 p.m. Or she or he might work Monday, 1:00 p.m. to 9:30 p.m., and then Tuesday - Friday from 9 a.m. to 5:30 p.m. Another DAP might work from Thursday through Monday, to cover the weekend program. All sorts of combinations are possible depending upon the scope of the program needed. This can aid continuity of programs and allow a smooth flow of information throughout the week. We have found that trying to patch a schedule together with a

great many part-time staff is often quite difficult.

(B) Another unique feature of the Clausen House staffing pattern is the in-house Advocate Program. Every Developmental Assistant in Program (DAP) has four to six individual residents with whom a one-to-one program-counselling relationship is established. Following the tea and socialization time which ends the afternoon program, each staff member can spend 45 minutes or longer with an individual client, reviewing progress in the program, or discussing special needs. These sessions can take the form of meetings, or they can be as informal as a trip into the community for a cup of coffee, or a walk in the park. Here the client receives encouragement for growth, shares personal troubles, evaluates her or his current program, or just spends some time with a special friend. We recognize that this is not a true citizen advocacy program, involving concerned persons from outside the Clausen House system. It is simply our way of assuring the necessary one-to-one contact with our clients.

The advocate system is in fact the real heart of the program. Without it, an individual can too easily be "lost in the shuffle". The advocate sees each client at least twice a month in these meetings, and can assess not only how the resident is progressing in the program, but also how she or he is feeling about things in general. It is this kind of contact which is so needed in every person's life, regardless of his ability or disability.

The advocate also functions as the clearing-house for all program-related information for each resident. As mentioned earlier, any time a goal is mastered in a program class, the instructor routes a Goal Achievement Slip to the Advocate. (A copy also goes to the client.) The Advocate then compiles a master profile list of goals the client has mastered, which can be gone over regularly with the client to assess ongoing progress.

Another key role which the Advocate plays is in preparing with the client for the annual progress assessment. This involves a series of meetings with the client and several other parties to prepare (among other things) a report of progress made each year, and to set future program goals. The process will not be discussed here in full, but certain points may be of interest.

First, the advocate and client meet together to discuss four distinct areas:

1. Strengths
2. Progress
3. Problems and
4. Goals

They then prepare information which they will both bring to a preliminary assessment meeting, so that they can discuss with others the client's individual needs and focus on specific goals.

It is obvious from this list of four areas that we feel strongly about "accentuating the positive". Each client's unique strengths and progress are considered as a positive background against which problems and goals can be assessed. In this way, we try to humanize what might otherwise be a rather negative process for the client. The Advocate system keeps the entire program mechanism lubricated with love and personal contact. There is no substitute for this.

O'Connor (1976) notes in her nationwide survey that although individual program plans were said to be in existence for two-thirds of CRF clients, only 9% of the residents actually participated in setting up their own plans. The in-house advocacy system developed at Clausen House is one technique for permitting the client to take a greater responsibility in developing her or his program.

(C) A critical area for growth and development of staff is the systematic improvement of in-service training. This area has been addressed by a number of techniques, including direct training days by the Clausen House administrative staff, assisted by consultant expertise from outside the system. For administrators, problems relating not only to developmental disabilities, but also to human services management, have been discussed. Staff also participate in workshops, seminars, or classes offered by a local university,

the State Department of Health, or a local developmental disabilities agency. Much work along these same lines will be needed as Clausen House works toward developing a more comprehensive staff-training program tailored to meet the needs of working with adults in community residential facilities.

(D) Before leaving the subject of staffing patterns, I would like to discuss one more important point: nearly <u>everybody</u> in the Clausen House system, from our Executive Director to the maintenance staff, works directly with the residents.

Social work staff, of course, are key components of the programming system. They function not only as excellent individual counsellors, but also teach larger counselling groups of 8 to 10 or more on a regular basis, dealing with issues of individual and group socialization and maturity. They also work as a kind of "safety valve" for the program, ready to assist in managing crisis situations in classes or at separate houses. They also function as liaison with all external agencies, and with parents and guardians. It would be impossible to maintain a program of this size without them.

Nearly all other staff, however, are in direct contact with the residents at one time or another. Some are on call regularly as substitutes when instructors are ill. Others

supervise residents in work-training situations. Many have been called upon to teach classes so that DARs and DAPs could attend a joint in-service training session.

Without this kind of selfless cooperation, without this kind of "let's pitch in" atmosphere, Clausen House could not do what it does. It is the people, and their love for the clients and for each other, which really make the system work.

IX. INTER-AGENCY COOPERATION FOR COMPREHENSIVE PROGRAMMING

Two of the most significant agencies which can work closely with the CRF are adult education programs and community colleges. California has an extensive system of two-year community colleges which functions independently of the basic public-school adult-education program. Both agencies have tremendous potential for the continuing education of the mentally retarded adult.

1. Adult Education

In our area, we have concluded inter-agency agreements with both adult education and the community college, but primarily with the former. Adult education instructors from the public schools actually enter our site and conduct classes with our clients. As adults, these clients are entitled to a free and appropriate public education, and if regular adult classes do not meet their needs, as is often the case, special classes must be established. We have been fortunate in finding sympathetic and enthusiastic administrators in the local adult-education program, and we strongly encourage other community residential facilities, as well as secondary educators, to investigate their local programs in this regard. Adult programs have an obligation to respond to the needs of exceptional adults.

Our experience also suggests that the adult-education instructors should consider themselves as an integral part of

the staff of the CRF. Rather than simply teach for one or two hours a week in the facility, we feel that the instructor should try to spend a maximum amount of time there, and become more acquainted with the day-to-day running of the CRF and the full spectrum of the residents' daily lives. This also provides increased opportunities for those staff of the CRF who may not have been formally trained in education to see a competent teacher at work. Thus teaching effectiveness for both the instructor and the facility staff can be improved.

It is usually true that adult class sizes, perhaps 15 - 25, are two to three times the size of any effective class for the developmentally disabled adult. One solution to this problem is to use one or two of the CRF staff as "aides" to the instructor, and divide the class into small sections. It should always be possible, however, to consider both "teachers" and "aides" as equals in the eyes of the CRF staffing structure. Our experience has shown that in this way the CRF grows, the local adult-education program grows, and most importantly the clients receive the right of continuing education. (Oakland's program for exceptional adults now is estimated at well over 1,000 students, including individuals with cerebral palsy and other special needs.)

In the case of individuals who meet minimum requirements for regular adult-education classes, of course, true main-

streaming can be pursued, and classes away from the training center can be encouraged. For those for whom this is not possible, however, on-site adult classes are a step toward vastly improving the quality of services.

2. Community Colleges

Another often "untapped" resource may be the local community college district. Some areas in California have strong special education programs in their two-year colleges. In our area this program is relatively new, but growing. Again, for many individuals, it may be possible to pursue mainstreaming with standard course offerings. In other cases, special classes must be provided, hopefully with goals tailored to increase independent functioning in the community. One of the biggest thrills for our residents may be simply going onto the college campus. Many of them have siblings who are attending some sort of college or university, and part of the normalizing process is served simply by the idea of "going to college".

The quality of the programs themselves, of course, is of primary importance. We have found that in our area, the splendid physical facilities of the community colleges — including gymnasiums, swimming pools, dance rooms, track and field areas, and so forth, lend themselves superbly to Special Olympics training. One of our local colleges has generously offered its facilities for our local Olympics, while another is

beginning to offer classroom training in areas such as survival academics, music, art, and physical education. Community college classes, even if specialized for handicapped adults, often provide increased possibilities for social contacts, either with clients of other community programs, or, much more significantly, with non-handicapped persons on the campus. We feel that the potential of community college programs for the exceptional adult is just beginning to be explored.

We expect that there will be significant growth in programs for exceptional adults in both community colleges and adult-education programs in the coming years. The CRF can and should be instrumental in contacting these services and in opening these sectors up for the developmentally disabled and other exceptional groups. Independent living skills training or pre-vocational training can take place within the CRF with staff assistance from these sources, or away from the CRF as cooperative programs are worked out. Each area of the nation, each locality, will have different opportunities. Whether classes are on or off campus, whether they are provided by a college or an adult-education facility or both, the CRF has an obligation to seek these services out, and to vocally identify the mentally retarded adult as a consumer group with the right to continuing education.

3. Local School Districts

It is of the utmost necessity for CRFs to be in touch with local elementary and secondary -- and even pre-school — programs. This should serve two purposes: first, to alert the staff of the CRF to the kind of instruction which children are actually receiving. Unless staff of CRF are aware of what is being taught, and how it is being taught, it is difficult for them to know where to begin their own teaching. Visits of CRF personnel to local schools should be encouraged. It goes without saying that educational records of students should be passed on from high-school programs to the CRF if a student transfers directly into a community placement.

The second purpose is to alert teachers of children and teenagers to the very real problems which face developmentally disabled adults. The more they visit the CRF, the more they will become aware of the potential areas for growth which should be addressed before the age of 21. This again brings us to one of the major points of this presentation: the establishment of a continuum of realistic training goals for the mentally retarded individual from birth to independence, not from birth to "age 21".

Clausen House has been in direct contact, involving exchange visits, with one local high-school TMR program. Further teacher-exchanges are possibilities for the near future.

"Bridging the chasm" which separates teen-age from adulthood is a problem which special educators must seriously address. Secondary-school teaching objectives must "fit" with the realities of community living and prepare young adults for the problems they will face when they leave the school system.

4. Volunteer Programs and University Affiliations

Volunteers are very helpful for the functioning of any CRF, and we have had assistance from volunteers both from community-based volunteer programs and from local universities. The characteristics of volunteer programs which we feel are of paramount importance are:

(1) they should supplement regular developmental programs, and not become substitutions for activities of paid staff; they are the frosting on the cake, but not the cake itself.

(2) a volunteer should be in the facility for at least 3 hours a week, for a minimum of three months. Otherwise the time taken to train and supervise can be largely wasted.

We have participated in two interesting models for volunteer programs, one with a community agency which specializes in one-to-one interactions for social and intellectual growth; and the other with a university which has placed an entire class on the CRF campus for the past three years.

The first program, operated in conjunction with OGAD ("Operation Give a Damn") of Alameda County, placed volunteers in the Clausen House system specifically to work with individual clients, usually on a 30-hour per month basis. Some of the results of this program have been encouraging. We feel that establishing one-to-one relationships is an excellent means of using volunteers with exceptional adults, providing a much-needed "special friend".

The second program has been operated in cooperation with Dr. Phyllis Kaplan of Hayward State University. Each spring quarter for the past three years, a full class of graduate students in special education has come to Clausen House for one evening a week, and performed a "mini-college" of various class offerings for our clients. It is difficult to overestimate the amount of energy which these students bring to our residents, and the enthusiasm with which our residents greet this "college within a college". It is a superb means of volunteer help, and an infusion of new and often creative ideas directly from the academic world into a functioning facility.

It is also one step in the direction of acquainting future special educators with the needs of mentally retarded adults. Whether these students go on to work with adults, or whether they work with children, they experience firsthand the situation of the exceptional adult, and will be in a better position

to assess the skills that should be taught to different age groups.

Other contacts with colleges and universities have also been beneficial. We have received volunteers from various types of student practicums both from Hayward State University and from the University of California in Berkeley, and others at both graduate and undergraduate levels. The exchange of new ideas and experiences, in both directions, is of great benefit to our clients. We hope that this kind of practice will spread to other universities and CRFs throughout the nation, and ultimately improve the services which both facilities can offer to people with special needs.

5. Rehabilitation Agencies and Work-Training Centers

Several clients of Clausen House are involved in training services set up by the State Department of Rehabilitation, or in other work-training programs or experiences in the community. In general, work-training is not the province of the CRF; but close cooperation with local agencies who provide this kind of training is necessary. Some of the clients in these programs receive part of their training at other agencies during the day, and part of their training within the Clausen House system during the evenings or on weekends. This kind of "time-sharing" system can be beneficial, and is especially used in the G.O.A.L. project.

Among the most exciting possibilities for vocational growth have been in service-related jobs; one of our residents is a part-time hospital worker, and another a teacher's aide. As mentioned earlier, these community-based work stations are an interesting direction for future development. This kind of work allows our clients to give as well as to receive, an adult opportunity which greatly enhances self-esteem. Such placements may require close cooperation between the CRF and the school or hospital involved. Other placements, including geriatric facilities or physically-handicapped programs, may also be considered, notwithstanding certain dictums of normalization theory.

The grant through which Clausen House is carrying out its expansion this year is a joint project of the State Departments of Health and Rehabilitation. This is clear evidence on the state level that work-training, residential and educational efforts must join hands locally to provide programs with consistent and realistic goals, for mutual clients. The steps outlined in these sections have pointed to some possible directions for this growth.

X. IMPLICATIONS FOR NORMALIZATION PRACTICES

The direction of growth which the Clausen House system has followed in the past three years has led to a critical examination of certain normalization practices. Wolfensberger (1972) briefly sketches an interesting overall schema for a continuum of services for individuals with special needs:

> A continuum of living facilities will provide many more options than exist now, so that individuals can be moved along the continuum of supervision as needed, and in either direction. Thus, an adult client may start out under intensive observation and in individual and group management at a central facility. He might then be moved to a hostel from which he attends a community sheltered workshop half-day, spending the other half-day in an intensive personal management program at the central treatment facility or some other meeting point. Eventually, he may move to another hostel which he leaves every day for competitive employment, until he becomes fully independent in both work and residence.
>
> (p. 84)

This process, encompassed so succinctly in the above paragraph, needs more detailed analysis as it is translated into practice. Specifically, we have found that the teaching of independent living skills to mildly and moderately retarded adults is such an enormous task that it may require several years of full- or part-time training to accomplish; and that becoming fully independent in one's place of residence is equally important as becoming fully independent in one's place of work.

A report issued last Fall (Irvin, Halpern, and Reynolds,

1976), in discussing vocational adjustment of mentally retarded persons, states:

> . . . . there are many who believe that social and pre-vocational skills may be as or more important than specific vocational skills in facilitating the ultimate vocational adjustment of mentally retarded workers. Many rehabilitation programs, therefore, have focused their training efforts upon social and pre-vocational skills. (p. 2)

AC/FMR standards clearly indicate the importance of such skills in rehabilitation efforts (cf. Sec. 3.15.1.2). It is these social and pre-vocational skills which the Clausen House program has systematically been teaching.

For the purposes of this discussion, we will define independent living skills (ILS) as those skills which are necessary for independent functioning in community life (including survival academics), and not directly related to the vocational sphere. This embraces the areas we have discussed as self-centered (personal care and hygiene, clothing care, health and safety, physical skills and sensory-motor integration); home-centered (home management, cooking, social and leisure-time skills); school-centered (reading, writing, time-telling, and financial management); and community-centered (mobility training, shopping, and use of other community resources).

How large a training task are we discussing? An enormous one, involving literally hundreds of distinct skills.

The complexity of modern life has made independent living skills a more and more intricate area for training. The Clausen House Assessment and Rating Tool (C.H.A.R.T.) defines more than 600 such skills, not including such pre-vocational items as "job skills" or "work-related skills". The Camelot Behavioral Checklist (1974) lists 399 discrete skills, with only 37 being classed as "vocational behavior". The ILS curriculum developed by the Sonoma County Association for the Retarded lists more than 400 skills which are not directly involved in the vocational area (SCOR, 1976).

Many other instruments, including the AAMD Adaptive Behavior Scale (1975) and PAC-2 (1974), contain long lists of tasks essential for independent living in the community, many of which are not directly related to "on-the-job" experiences.

These skills of independent living are needed not only by clients living in CRFs (O'Connor, 1976), but also by recent graduates of high-school EMR programs (Brolin et al, 1975). Given the magnitude of this task, it is impossible to escape the conclusion that systematic training in ILS must be given high priority throughout the educational process. When faced with the tenet of "intensity of relevant programming" (Wolfensberger and Glenn, 1975), one of the mainstays of normalization, it would seem that many hours each week must be set aside for instruction in the skills of daily living.

For adults, however, the principle of normalization also offers us the concept of "age-appropriate activities, routines, and rhythms".

> The major invariant activity and mission of adults in our culture is work. Therefore, adults in special residential management should be enabled to engage, as much as possible, in work that is adult in nature and connotation, is productive and remunerative, and adheres to a schedule that can be considered normative.
>
> (p. 85, Wolfensberger, 1972)

This points to an interesting question: if a client spends eight hours each day at a job, or in a work-training situation, when will she or he have time to learn scores, perhaps hundreds, of ILS? Obviously, as Wolfensberger suggests, part-time training in each sphere is possible. Another answer is to increase programming efforts on evenings and weekends, an approach which certainly has great merit. However, consider this from the point of view of the client:

If a person spends a full day at a job or at a work-training center, she or he is going to come home like many of us: tired, and ready for a rest. If the client has not had sufficient training to be able to cook a meal quickly and efficiently, it may be late in the evening before dinner has been cooked and eaten. After the pots and pans have been put away, is this the time to begin an hour or two of work in reading, money management, or clothing care

techniques? Academic skills may be especially difficult to learn after a full day of work.

For some clients, this much programming may not be a problem; for others, it may represent too much of a work load. For the latter group, the half-day work-training/ half-day personal management program suggested above by Wolfensberger is one answer, even though life-rhythms at this stage are not entirely age-appropriate.

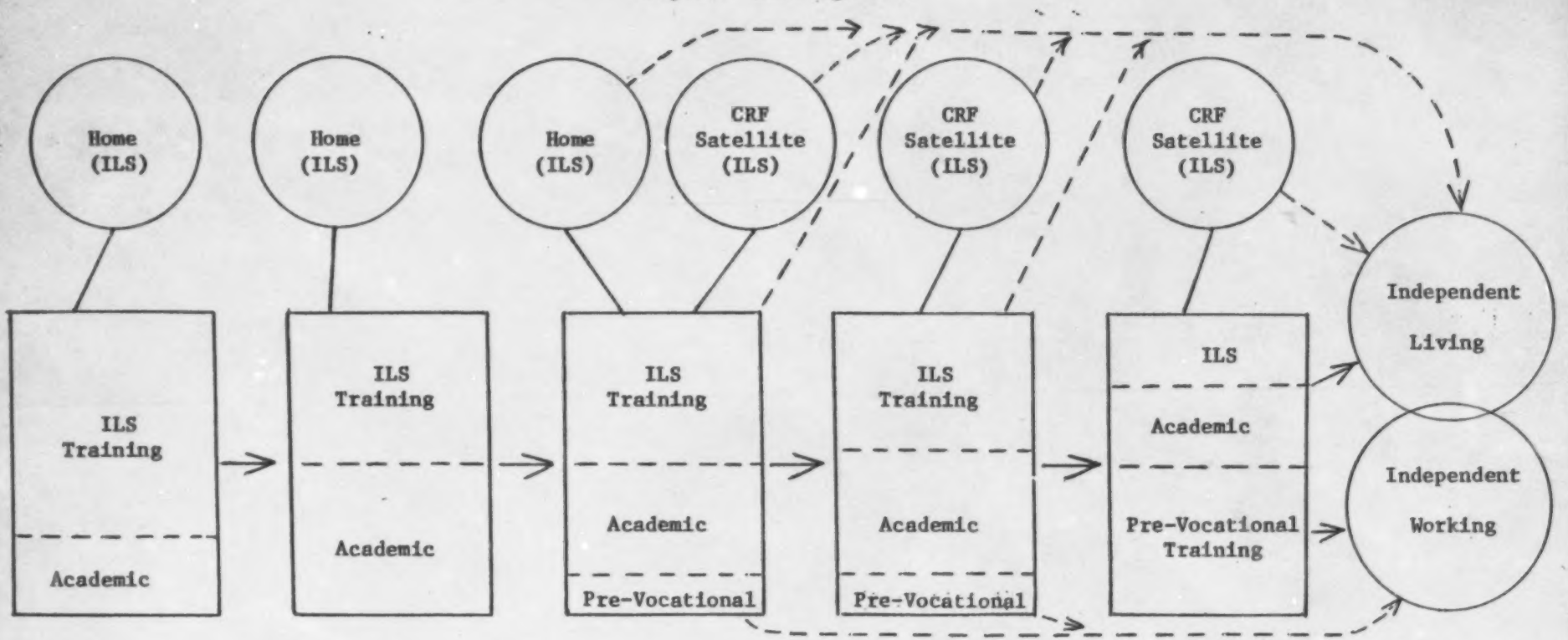
We would like to expand on Wolfensberger's model, considering the satellite-system approach as described at Clausen House. To do this, we will have to look at the entire spectrum of educational services, beginning with pre-school programs. The following model is a suggestion for one possible option for training and development. It is not presented as the only acceptable option. Each student or client must be viewed as an individual, with valid needs and valid choices to make between different service systems. The model is summarized in Figure 6.

1. Training in ILS, especially self- and home-centered skills, should begin intensively and systematically at the pre-school level. Parents and teachers must work together; this training must be supplemented in the home.

2. The non-academic ILS (self-centered, home-centered, and community-centered) should make up a large part of school programs throughout elementary and middle

Figure 6

Proposed Training Model



86

87

ILS = non-academic independent living skills: self- , home- , and community-centered spheres. Many of these areas (health & safety, nutrition, social and leisure-time skills, mobility, etc.) are also taught in the academic setting or in the community.

© Clausen House, 1977

schools with strong emphasis on areas such as cooking and mobility training in the community. These "non-academic" areas should be taught in the schools; teachers cannot leave this all up to the parents.

As the teen years approach, mentally retarded children should be treated to the same procedure recommended by J. D. Sanderson (1977) for normal children:

> . . . . if a youngster is to survive and prosper outside the family cocoon, by age 13 a blast of cold air should be let in. The child must begin to see that not all of his needs are going to be tended automatically.
>
> When a child enters the teen years, the parents should institute a realistic, four-to-five-year plan for his or her final development into full-fledged adulthood at 18. To achieve this goal, parents must consciously relinquish authority over the child, area by area, in return for the child's assumption of the necessary responsibility, until at the child's 18th birthday, or graduation from high school (whichever comes first), the son or daughter is fully competent to leave home.

For some of our clients, this will not be the "eighteenth birthday", but this is a problem which must eventually be addressed for all mentally retarded children. We must hope that it will be addressed when both children and parents are relatively young, and not be put "on the back burner" until the parents become too old to care for their offspring at home. Both teachers and parents must constantly ask the question: Where will this child be

living when she or he is 21? This is at least as important, if not more important, than the question of where the child will be working. Perhaps we are so anxious about the latter question because of our strong identification with job-roles.

During the teen years, therefore, we suggest that at least half of the instruction offered in the public schools be devoted to the non-academic ILS, emphasizing self-care, home- and community-centered skills. This should be coordinated closely with the home-life of the student, and involve both parents and teachers, as well as practical experiences in CRFs (or apartments) functioning as "satellites" to secondary programs. By having several experiences of shopping, cooking, cleaning, managing, and living in these satellites, mentally retarded young adults will gain many of the critical skills they need to move out on their own. Such "life-training" programs are at least as important as "work-training" programs in secondary schools.

4. What happens after high school? Let's look at the normal model: many people enter the work force in their late teens or early twenties. By this age, most people will have acquired the skills needed to live on their own, although many continue to live at home or in dormitories at the beginning. They have at least acquired sufficiently sound judgment to live independently without posing a serious threat to their own safety. They can cope.

The mentally retarded person of 18 years of age, however, may still have enormous skill deficits in the areas of independent living skills. Yet often such persons are inculcated with the idea that they must now "get a job". What happens when they get such a job? It is interesting to note O'Connor's findings in exploring the major life endeavors of CRF clients:

> The largest group of CRF residents was involved in work training programs but did not have paid jobs (43%), and over half of them (60%) were receiving their work training in sheltered workshops. On the whole, work activities were those common to sheltered workshops, i.e., primarily piecework assembly tasks. Although facility operators considered these tasks in the light of work training, it was not clear to what extent individuals were being trained for more independent employment, or to what extent long-term sheltered employment was the expectation. (p.59)

The subject of current workshop practices itself is one of increasing dialogue, (Olshansky, 1972; Mallas, 1976). We suggest, however, that even if high-quality work-training programs are available, that they be combined with "graduate colleges" for ILS training. Young adults coming out of public school programs, or entering the community from larger institutions, can thus exercise a number of options before they are rushed into full-scale work programs.

There is certainly ample scope in the normal life span in America today for college and university training. Many

students complete four full years of college, and more years in graduate school, while working only part-time (or not working at all). Many developmentally disabled persons receive SSI funding and other forms of support from the State and Federal government programs. These funds can be looked upon as a kind of "scholarship" awarded to a person who needs extra help in certain areas of training, prior to full independence.

It seems reasonable, therefore, to consider the CRF as a graduate school for independent living skills, and to offer intensive training in ILS as an option to full-time work training (which remains the final and most advanced phase of any rehabilitation program). We foresee a flexible program, in which a client may opt for full-time work; or for part-time work combined with part-time training in ILS; or for full-time training in an ILS satellite system, perhaps for those who wish to move out on their own into the community before they approach the vocational sphere. (In this regard, it should be noted that, if a person does succeed in obtaining a full-time job prior to independent living, he or she may lose this "scholarship" aid (SSI, etc.), and literally not be able to take time out for full- or even half-time "graduate studies".)

Part- or full-time ILS training can be conveniently offered in several locales. Academic skills including

sensory-motor training, could be taught at an educational center, either in the community (such as the central Clausen House facility), or on the campus of a community college or Adult School. Small CRFs, functioning as satellite learning laboratories would be especially appropriate for self-care and home-centered skills. The community itself, of course, would function as a practical area for learning shopping skills, mobility, and so forth. It may even be possible for a client to progress directly from intensive ILS training into a normal work site in the community, without undergoing a long sheltered work experience.

It should be noted that the "global" skills — social skills and leisure-time skills, are of considerable importance in this phase of training. Social skills in particular represent a full sphere of training in themselves, and must be worked on harmoniously by all agencies involved with a client, to produce full, mature adjustment in every area of life, regardless of which option a client chooses.

A full-time program, of course, should never be spent in one's own residence. For a certain period of time, however, clients who choose intensive ILS training may be at their residence for a few hours during the normal work week (5 - 6 hours, perhaps). To learn all aspects of cooking, washing clothes, caring for one's own body and belongings, etc., such training may be necessary, even though daily schedules may be slightly . . . . . .

non-normal. In other words, the "domicile" has in this respect an "educational" function, and so cannot be wholly separated from training.

Such training must be time-limited, however, and by no means is this argument to be construed as a rationale for keeping clients at their own homes for excessively long periods of time.

As Roos (1972) points out, proponents of normalization "may have inferred that normative procedures would yield normative outcome, but this assumption does not necessarily follow logically nor has it been fully established empirically." Roos cites a suggestion that:

> . . . . programs for mentally retarded individuals be judged effective to the degree that they enhance human qualities (as culturally defined), increase complexity of behavior, and foster the ability to cope with the environment.
>
> (p. 147)

In other words, the most normal means do not always produce the most normal goals (in this case, ILS) most effectively. The most normal life-rhythm may not produce the most normal level of personal and home-centered skills, simply because more programming time is needed each day in the home. Thus, a slightly longer period for instruction in cooking breakfast or dinner might be allowed at the home site, and perhaps one morning per week could be devoted to intensive work on laundering or cleaning procedures, or cooking a hearty lunch. This is expressed in Figure 7, which illus-

Fig. 7

Proposed Training Model

(detail)

Skill Area	Primary Locale	Graduate Program (3-year limit) Time*	Post-graduate Training (Long-term program) Time*
Self centered	1. CRF satellite	1. Mornings, evenings	1. Mornings, evenings
	2. Central education facility (health, safety & nutrition)	2. 2 hours	2. 2 hours
Home-centered	1. CRF satellite	1. Mornings, evenings, plus cooking two mornings per week = 5	1. Mornings, evenings (or more time, if cooking skills need improvement), etc.
	2. Central education facility (social skills, etc.)	2. 3 hours	2. 2 hours
Academic-centered (includes physical skills)	Central education facility	16 hours	10 hours
Community-centered	Community	6 hours	5 hours
Work-centered	Work station (integrated in community, if possible)	- - - -	15 - 20 hours

* Totals may not add up to 40 hours because "mornings" and "evenings" may at first involve extra time for cooking or other self- or home-centered activities. More cooking and home-management time is recommended for clients about to enter apartments.

trates a rotation between house, community, and a central educational facility.

5. "Post-graduate" training

How long should the option of full-time ILS training be open to an individual? There is little research we know of which currently points to the exact length of time required for various individuals to assimilate these skills. Nor is there any research which indicates that full-time ILS training is faster or slower than full-time work training in completely habilitating an individual to living and working independently. Such long-term studies may at some time draw specific conclusions as to the relative efficacy of full-time ILS training vs. full-time work training vs. part-time ILS/part-time work.

Such studies, if feasible, would certainly have to account for many variables. It is possible that the skill and devotion of the persons who are implementing the program are far more important than the specific type of training they offer. Notwithstanding these problems for future research, what can we say today about the optimum length of ILS graduate training?

Clausen House has been engaged in full-time ILS training for the past two and one-half years. We have seen much progress in our clients, twelve of whom now live in apartments; but many of them need a great deal more training in these areas before they will have reached their maximum level of

functioning. However, many of them have also progressed to a new level of social maturity through the intense training they have undergone. Some may be ready for a high-quality work-training experience in the community. Ideally, this would be on a part-time basis, so that they could continue to make sure and steady progress toward attaining independent living skills.

With this experience in mind, I would like to offer the following as one option for the progression from graduate training in ILS to "post-graduate" training:

(a) The option of full-time ILS graduate school may be limited to three years after placement in the satellite system (even graduate schools have time limits for degrees.)

(b) If at that time fully independent living is not a possibility, part-time, high-quality work-training stations should be sought in the local community, while strong, part-time ILS training continues.

(c) Depending upon individual program needs, the structure of the habilitation plan may be divided as indicated in Figure 7. The time spent in the small CRF satellite may now be reduced, unless needs for instruction in cooking, home management, etc. are so great that they cannot be met by morning and evening instruction alone. The time

at the central educational facility is also reduced. In this way, time for part-time work-training can be provided.* For part of both graduate and post-graduate training, however, a slightly shorter work day (for example, 9:30 a.m. - 4:30 p.m.) may be desirable to allow extra time for cooking, breakfast and dinner, for shaving and showering, and so forth. Thus the "work week" may add up to 32 - 35 hours in the initial training stages. (Some trade unions might say this is normal today.)

We recognize that as clients become progressively older, adjustments may need to be made in this plan. A 40-hour week of independent work, as well as fully independent living, is the ultimate goal.

In this last "post-graduate" section, it would be possible for one group of clients to use the central educational facility in the morning, while a second group participates in a work-training program at another community site. In the afternoon, the two groups could "switch" facilities, if desirable, thus allowing for maximum use of programming resources. This section of training may continue until a client achieves full independence in both living and working.

This schema is meant only as a rough outline. Practical considerations of individual needs, transportation,

---

* For clients who are about to enter apartment living, however, an increase of cooking and home-management time is recommended.

program availability and so forth, will be major determinants of actual individual program plans. More research on such options, and on the long-term effects of ILS training is needed.

Can clients labeled as "moderately retarded" at age 12 be living on their own in an apartment with, say, 15 years of intensive, half-time living skills training? They would be independent at 27, and no longer need the services of a community residential facility. Should a graduating EMR high-school student take a two-year course in living skills in an apartment-training project, or get a job and continue a hit-and-miss training in ILS?

These are questions future research must address, but future research cannot do anything unless educators create new programs to evaluate. We must go ahead and make innovations based on our best judgment, and enlightened by present research and the best available theory. In this way we will progress toward the ideal of independence for all people.

XI. SUMMARY

The education of exceptional adults is a rapidly expanding field, encompassing both community residential facilities and more traditional educational institutions. Staff of CRFs and educators at all levels must engage in increasingly greater dialogue to insure that adults in the community will function at their highest level.

Specifically:

1. Educators can develop a continuum of services involving CRFs as satellites to secondary programs.

2. CRF satellite systems can function as dynamic centers of active programming ("graduate schools for independent living") for persons entering the community from secondary schools or large institutions.

3. Full-time training in independent living skills for up to three years is seen as a viable option in such a satellite setting.

4. Teaching of practical independent living skills should receive greater emphasis in pre-school, elementary, middle and secondary school programs.

5. For maximum program effectiveness in these areas, inter-agency cooperation is necessary among public schools, CRFs, adult-education programs, community colleges, rehabilitation agencies, and other providers of services, and community organizations.

6. Teacher training institutions should offer training and practicums in cooperation with CRFs to allow future special educators greater understanding of exceptional adults.

It is hoped that the models presented by the Clausen House system in these areas will be of help in further explorations of the vast potential CRFs have to provide a broad spectrum of services. Some of these areas are:

(a) The satellite system, a large central "college" in the community, surrounded by several smaller, home-style residences, all part of the same agency.

(b) The concentric circle approach for curriculum development, and the C.H.A.R.T. record-keeping system.

(c) Creative dramatics as a tool for building self-esteem and improving community awareness.

(d) The G.O.A.L. apartment "satellite" as a final step before fully independent living.

(e) The special "satellite" for persons with emotional disturbance and mental retardation.

(f) Unique staffing patterns, including the use of Developmental Assistants in both program and residential sectors (DARs and DAPs).

(g) The in-house advocate program for effecting one-to-one program counselling.

Our clients are shaped, to some extent, by our expectations. If we expect them to grow, if we stretch ourselves and our clients as well, they will grow. If we expect them to be adults and not children, they will be adults.

This is our objective; yet with all the objectives in the world, no program can be a success unless it has people who love what they are doing, and who love the clients with whom they are doing it. Those of us who are privileged to work in this field know how supremely fortunate we are to see this love reflected every day in the faces of our colleagues and our clients. It has been said that true love is essentially self-communicative, and that those who do not have it catch it from those who have it. If anything will help us grow, both "helper" and "helped" alike, it is this mutual interplay of love.

REFERENCES

Accreditation Council for Facilities for the Mentally Retarded. Standards for Residential Facilities for the Mentally Retarded. Chicago: Joint Commission on Accreditation of Hospitals, 1973.

Apter, Steven J. Applications of Ecological Theory: Toward a Community Special Education Model. Exceptional Children, 1977, 43 (6), 366-373.

Boyan, Craig et al. Clausen House Program Manual (Second Edition). Oakland, 1975 (unpublished).

Brolin, D., Durand, R., Kromer, K. & Muller, P. Post-School Adjustment of Educable Retarded Students. Education and Training of the Mentally Retarded, 1975, 10 (3).

Bronston, William G. Concepts and Theory of Normalization. Paper presented to Down's Syndrome Congress, Milwaukee, Wisconsin, September 30, 1974.

California Conference on Handicapped Individuals. Conference Handbook. 830 K St. Mall, Sacramento: November, 1976, Sec. EDC III-4.

Conway, A. Normalization: A Beginning Without an End. Education and Training of the Mentally Retarded, 1976, 11 (4).

Crosby, Kenneth G. Essentials of Active Programming. Mental Retardation, April, 1976, 14 (2), 3-9.

Fogelman, Charles J. (Ed.) AAMD Adaptive Behavior Scale, Washington: AAMD, 1975.

Foster, Ray W. Camelot Behavioral Checklist Manual. Parsons, Kansas: Camelot Behavioral System, 1 74.

Fox, R.A., & Karan, O.C. Deinstitutionalization as a Function of Interagency Planning: A Case Study. Education and Training of the Mentally Retarded, 1976, 11 (3).

Grossman, Herbert J. (Ed.) Manual on Terminology and Classification in Mental Retardation. Washington, D.C.: AAMD, 1973, p. 14.

Gunzburg, H.C. Progress Assessment Chart of Social and Personal Development, Form 2 (PAC-2). Birmingham, England: SEFA Publications, Ltd., 1974.

Irvin, Larry, Halpern, Andrew, & Reynolds, William. Measuring Client Gains in Group Homes. Eugene: Rehabilitation Research and Training Center in Mental Retardation, 1976 (Developmental Disabilities Office Project Grant 56-P-71110/0-01).

Irvin, Larry K., Halpern, Andrew S., & Reynolds, William M. Social and Prevocational Information Battery, Form T. Eugene: Rehabilitation Research and Training Center in Mental Retardation, University of Oregon, 1977.

Kirk, Samuel A. Educating Exceptional Children, (Second Edition). Boston: Houghton Mifflin Co., 1972, p. 197.

Koplik, Kathleen. Higher Education and Residential Facilities for the Mentally Retarded. Education and Training of the Mentally Retarded, 1976, 11 (4), 347-351.

Mallas, Aris A. Current Workshop Practices: Strengths and Weaknesses. Education and Training of the Mentally Retarded, 1976, 11 (4), 338-341.

Mager, R.F. & Beach, K.M. Developing Vocational Instruction. Belmont, CA: Lear Siegler/Fearon, 1968.

Mental Retardation News. Arlington, Texas: National Association for Retarded Citizens. Jan.-Feb., 1977, 26 (1).

O'Connor, Gail. Home is a Good Place: A national perspective of community residential facilities for developmentally disabled persons. (AAMD Monograph Number 2) Washington, D.C.: American Association on Mental Deficiency, 1976.

Olshansky, Simon. Changing Vocational Behavior through Normalization, in Wolfensberger, Normalization, 1972, pp. 150-163.

President's Committee on Mental Retardation. Mental Retardation: Century of Decision. Washington, D.C.: PCMR, 1976, p. 61.

Rosenthal, R. & Jacobsen, L. Teachers' Expectancies: Determiners of Pupils' I.Q. Gains. Psychological Reports, 1966, 19, 113-118. Cited in Kirk, 1972.

Rostetter, David. View from the National Scene. Education and Training of the Mentally Retarded, 1977, 12 (1), 92.

Roos, Philip. Reconciling Behavior Modification Procedures with the Normalization Principle, in Wolfensberger, Normalization, 1972, pp. 136-148.

Sanderson, J.D. How to Stop Worrying about Your Kids, quoted in Reader's Digest, March, 1977, 110 (659), p. 136.

Scheerenberger, R.C. Public Residential Services for the Mentally Retarded, 1976. National Association of Superintendents of Public Residential Facilities for the Mentally Retarded, 1976.

Sheehy, Gail. Passages. New York: E.P. Dutton & Co., Inc. 1974,

Stephens, Beth. President's Message. Deinstitutionalization: A Change to Special Educators. Education and Training of the Mentally Retarded, 1975, 10 (3), 131.

Weiss, Sandy (Ed.) Report of an Assessment of Clausen House, Oakland, California, by means of Program Analysis of Service Systems. Sacramento: California State Department of Health, Treatment Services Division, 1977. (Unpublished).

Westaway, Ann, et al. Independent Living Skills Curriculum: Assessment System. Rohnert Park, CA: Sonoma County Association for the Retarded (SCOR), 1976.

White House Conference on Handicapped Individuals. Educational Concerns, Summary and Issues on Full Educational Opportunities for Handicapped Individuals. (Awareness paper prepared by C.E.C.; Ruth Jordan, Ed.) Washington, D.C.: 1976.

Wolfensberger, Wolf. Normalization. Toronto: National Institute on Mental Retardation, 1972.

Wolfensberger, Wolf. & Glenn, L. Program Analysis of Service Systems (PASS 3). Toronto: National Institute on Mental Retardation, 1975.